STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility did not provide timely wound care to 1 of 1 residents (Resident #18) whose dressings were removed after becoming soiled with urine and stool during incontinent care. Findings included: Resident #18 was re-admitted to the facility on 05/28/14. Cumulative diagnoses included peripheral vascular disease, contractures of the right hip and knee, contractures of the left hand and pressure ulcers. Resident #18's care plan identified a problem with onset of 05/14/15 of being at risk for skin breakdown related to impaired bed mobility and incontinence. On 06/08/15 a problem with having a stage 3 to the right toe dorsal and a stage 3 to the right great toe plantar aspect was identified. The most recent Quarterly Minimum Data Set (MDS) assessment of 1105/15 indicated Resident #18 had severely impaired decision making skills and required extensive to total assistance with all activities of daily living. The resident was incontinent of both bowel and bladder. The	F 309	F 309 - 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 1) Actions taken for Resident #18 include the following: A. On 11/19/2015, resident□s identified wound areas were re-assessed by the treatment nurse for the presence of any increased deterioration of wound/wound bed to which none were noted. B. Following which on 11/19/15, resident□s wound areas were re-dressed per physician□s order by the treatment nurse. C. Nursing staff for Resident #18 were re-educated by the Director of Nursing (DON) as to the process when dressings have become dislodged, missing, or soiled. D. The two licensed personnel that failed to respond to the 2 CNAs report of missing dressings were suspended pending investigation and terminated from employment without returning to work. 2) Actions taken for any residents potentially affected:	12/18/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/16/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 1 resident had 2 stage 3 pressure ulcers. A wound assessment of 10/08/15 noted that there was a stage 3 pressure ulcer to the right great toe identified on 10/08/15. The wound bed consisted of 50% granulation tissue and 50% slough with red indurated surrounding skin. It was noted that it presented as a full thickness wound in the previous wound site. Treatment ordered included santyl (debriding agent). The wound measured 1.5 centimeters by 1.6 centimeters by 0.3 centimeters. It was also noted that Resident #18 had multiple severe contractures. A physician's order of 10/09/15 noted to clean the right foot first metatarsal head with normal saline, pat dry, apply skin prep to the periwound. It noted to apply a nickel size layer of santyl to the wound bed and then apply moistened collagen and cover with a foam dressing daily and as needed. A wound assessment of 10/23/15 for Resident #18 noted a stage 3 wound was identified on 10/22/15 to the plantar area of the right heel. The wound bed was consisted of 70% granulation tissue and 30% slough. The wound measured 4.5 centimeters by 5.5 centimeters x 0.3 centimeters. Treatment included santyl for debridement. It was noted that Resident #18 had severe contractures which challenged staff when positioning. A physician's order of 10/23/15 noted to clean the full thickness wound with normal saline and pat dry. It noted to apply skin prep to the periwound and apply a nickel size layer of santyl to the wound bed. It was noted to then apply a moistened collagen over the wound bed and	F 309	A. On/before 11/20/2015 treatment nurse audited all persons with wounds/dressings to assure that the dressings were not missing, intact, and not soiled. No issues were noted. B. All nursing will be re-inserviced by the facility Staff Development Coordinator (SDC) on/before 12/18/15 regarding the process for addressing soiled, missing, or dislodged dressings. Any nursing personnel not in attendance will be contacted by the DON, or appropriate designee, and given the information prior to the employee□s next scheduled shift. 3) Actions taken to prevent further recurrence: A. All nursing staff will re-inserviced on/before 12/18/15 with regards to the process for addressing soiled, missing, or dislodged dressings. Any nursing personnel not in attendance will be contacted by the DON, or appropriate designee, and given the information prior to the employee□s next scheduled shift. B. The facility treatment nurse, or appropriate designee, will conduct audit rounds on all residents with orders for dressings to insure dressings are intact and not soiled 5X per week X 2 weeks, and as needed. Followed by weekly X2 weeks, and as needed, Followed by monthly X 2 months, and as needed. Any non-compliance will be addressed immediately by the treatment nurse or appropriate designee. C. The process for communicating unresolved issues or concerns will be emphasized in the facility orientation programming.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 2 cover with a non-bordered foam and wrap with rolled gauze and secure with tape daily and as needed. A wound assessment of 10/30/15 noted the pressure ulcer to the plantar area of the right heel measured 4 centimeters by 5.5 centimeters by 0.3 centimeters with 70% granulation tissue and 30% slough. It was noted there were no changes and the treatment of santyl continued. A wound assessment of 10/30/15 for Resident #18 noted the pressure ulcer to the right metatarsal measured 1.5 centimeters by 1.4 centimeters by 0.3 centimeters with a wound bed consisting of 80% granulation tissue and 20% slough. A wound assessment of 11/13/15 noted the stage 3 to the plantar area of the right heel had deteriorated with a wound bed of 30% slough, 50% granulation tissue and 20% eschar. Treatment was changed to santyl with xerofoam gauze and cover with non-bordered foam and wrap with rolled gauze daily. A wound assessment of 11/17/15 noted the area to the right heel was now an unstageable wound with 30% granulation tissue, 30% slough and 40% eschar to the wound bed. It was noted that the wound continued to deteriorate. Resident #18 was observed resting in bed on his left side at 11:00 AM on 11/18/15. There was a slight odor of stool noted in the room. Wound care was observed beginning at 11:15 AM on 11/18/15. The treatment nurse assisted by nurse aide #1(NA #1) prepared to provide care.	F 309	4) Monitoring for outcomes of established plan and involvement of facility QAA/QAPI committee: A. Outcomes of wound dressing audits will be reviewed by the administrative team during morning administrative meeting weekly X 4 weeks, followed by monthly X 2 months. B. Outcomes of wound dressing audits will be presented to the facility QAA/QAPI committee by the treatment nurse, or appropriate designee monthly X 3 months, and as needed. C. Any non-compliance with established plan will reviewed by the QAA/QAPI committee for root cause and interventions implemented as needed and/or established plan revised. Discussion, interventions, and/or revisions to established plan will be included in the meeting minutes. D. Any adjustment to the established plan, through revision and/or interventions for non-compliance will require re-inservicing of the applicable staff by the DON, Treatment Nurse, or appropriate designee. E. Any revision to the established plan will require the monitoring to begin again at Step 4A and continue as outlined.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 3	F 309		

Both staff members washed their hands and gloved. NA #1 assisted the nurse to reposition Resident #18. It was noted that he had severe contractures of both lower extremities. The right leg was drawn up tight to his waist positioned across the left upper thigh with the right foot resting against the inner upper thigh. The treatment nurse removed both of the green padded boots from his feet. The treatment nurse used scissors to remove the rolled gauze dressing. She cleaned the right metatarsal head of the great toe with normal saline and patted dry. She applied a thick layer of santyl ointment onto the open wound and then placed a moistened piece of collagen. She covered the wound with a foam dressing and taped it in place. Upon observation, the wound to the right metatarsal was approximately the size of a nickel with pink, dark pink and yellow scattered tissue in the wound bed. The treatment nurse cleaned the large black area to the right plantar surface of the right heel with normal saline. She wiped it several times in an effort to remove some of the dry flaky skin from around the wound. She then patted it dry and applied santyl ointment with a moistened piece of collagen over the wound and covered it with a foam pad. She then wrapped the entire foot with a rolled gauze dressing. The right heel wound was approximately 4 inches in size on the bottom of the heel and extended up along the outer side of the heel. The surrounding skin was a fragile pink with dry and flaky pieces of skin. There was no drainage noted.

On 11/18/15 at 4:45 PM, one of the green foam boots was noted positioned in the chair in Resident #18's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 4	F 309		

On 11/19/15 at 9:00 AM, the green foam boot was noted in the chair in his room.

A bed bath was observed being provided to Resident #18 beginning at 11:00 AM on 11/19/15. NA #2 and NA #3 washed their hands and gloved. NA #2 prepared 2 basins of water to provide the bath. As they uncovered Resident #18, it was noted that the green foam boot was not in place on the right foot and there were no dressings noted to the 2 wounds on his right foot. There was a urine soaked white towel folded around the right foot. When NA #2 removed the towel there was also a moderate amount of bloody brownish drainage noted on the towel where the right heel had been. NA #2 washed his upper body with the exception of his hands. His right foot was not washed. When questioned at 11:20 AM, NA #2 stated the third shift NA (NA #4) had reported to her this morning when she came on duty that the dressings had been removed around 3:00 AM due to being soiled with stool and urine. NA #2 stated NA #4 told her she had wrapped a towel around his foot. NA #2 stated she provided care for Resident #18 before breakfast at about 7:10 AM but wasn't sure of the exact time. She reported Resident #18 had been wet and the towel that was around his right foot was wet with urine. She stated she changed his bed pads and placed a clean towel around the right foot. NA #2 also reported that she informed the hall nurse (Nurse #1) about the dressings not being in place around 7:20 AM but she wasn'tt sure of the exact time. NA #2 stated Nurse #1 told her to place the towel around the right foot until the treatment nurse could get to it. NA #2 stated she had not been back into Resident #18's room to change him since her initial check until now.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 5	F 309		

There was a small dressing in place to the right heel of Resident #18's foot on 11/19/15 at 1:30 PM.

The treatment nurse was interviewed on 11/19/15 at 1:10 PM. She stated Nurse #1 never reported anything to her about Resident #18's dressings being removed. She stated she saw NA #2 in the hall just a few minutes ago and she reported to her that his dressings were off. The treatment nurse stated the physician's orders noted that the dressings were daily but were also as needed. She stated if the dressing became soiled or came off the hall nurse had access to supplies to replace the dressing. She stated a dressing should not be left off of a wound for a long period of time. The treatment nurse commented that it was the responsibility of the third shift nurse to replace the dressing if the dressing was soiled and removed on third shift. The treatment nurse stated "no wonder his wound is getting worse." The treatment nurse stated Nurse #1 had placed a dressing to the heel wound but not to the right great toe metatarsal wound. She stated she would provide wound care to both areas on his right foot and replace the green foam boot.

Nurse #1 was interviewed on 11/19/15 at 1:30 PM. Nurse #1 stated NA #2 had reported the dressings were not in place to Resident #18's right foot earlier today around breakfast time but she was busy and told her to put something around the foot until she could get down to his room. Nurse #1 stated NA #2 told her later that she had given Resident #18 a bath. She reported she went down to his room and placed a dressing after that. When questioned if she had reported the issue to the treatment nurse she responded that she didn ' t know what her schedule was or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 6	F 309		

when she would get to Resident #18. She stated if it took too long for the treatment nurse to replace the dressing she would do it.

NA #4 was interviewed via telephone on 11/19/15 at 2:08 PM. She stated she worked third shift last night and had provided personal care to Resident #18 around 3:00 AM. She stated he had a large bowel movement and his dressings were covered with stool. She stated she removed the dressings and reported it to Nurse #2. She stated she wrapped the right foot with a clean towel. NA #4 reported she provided personal care again at the end of the shift and the towel was wet with urine. She also stated there was bloody brownish drainage noted on the towel. NA #4 commented that she reported it again to Nurse #2 toward the end of the shift. NA #4 reported that she informed NA #2 of the issue when she came on duty this morning.

Nurse #2 was interviewed via telephone on 11/19/15 at 2:40 PM. She stated she was aware that Resident #18 had a wound on one of his feet. She stated if the dressing came off she was the only one who would need to address the issue. Nurse #2 stated the NA would let her know if it needed to be replaced or changed. Nurse #2 stated Resident #18 was very contracted and it was difficult to keep the right foot from coming into contact with urine and stool. Nurse #2 reported that the dressing had been off one night earlier in the week and the bed pad was saturated with urine but didn't remember which night. She stated she placed a bed pad between his buttocks and his heel to keep the urine from coming into contact with it. Nurse #2 also commented that she had not reported the dressing not being in place to the oncoming nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 7 and should have. Nurse #2 commented that the wound to his right heel would never heal if urine continued to come into contact with it. She denied that NA #4 had reported the issue regarding the dressings not being in place last night stating she didn ' t remember being told about it. The Director of Nurses (DON) was interviewed on 11/19/15 at 5:00 PM. She stated the hall nurses were expected to replace the dressings any time they were removed due to being soiled or if the dressing came off for any reason if the treatment nurse was not available. She also commented the right foot should have been washed to remove any residual urine. She also reported that on weekends the day shift nurse was responsible for wound treatments for the even numbered resident rooms and the night shift nurse was responsible for the odd numbered rooms. The DON provided the November 2015 treatment administration records for Resident #18 during the intervivew. Upon review of the November 2015 treatment administration record for Resident #18, it was noted that there were blanks on 11/06/15, 11/07/15, 11/08/15, 11/09/15, 11/14/15, 11/5/15 for the right foot metatarsal head and the full thickness wound to the plantar area of the right heel. The DON reported she did not know why treatments were not being provided on weekends. The DON also reported the third shift nurse (Nurse #2) should have replaced the dressing when it was reported. She commented she would not expect Resident #18 to go from approximately 3:00 AM until after 11:30 AM today without a dressing in place to the right foot.	F 309		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	F 312		12/18/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312	Continued From page 8 A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility did not provide a complete bed bath for 1 of 1 residents (Resident #18) whose bath was being observed. Findings included: The facility's undated policy for providing a partial bath noted to wash and dry the face, neck, ears, hands, axilla, buttock, perineum and feet. The undated policy for providing a bed bath noted to wash face, chest, abdomen, lower body, legs, hands, back, buttocks and feet. Resident #18 was re-admitted to the facility on 05/28/14. Cumulative diagnoses included peripheral vascular disease, contractures of the right hip and knee, contractures of the left hand and pressure ulcers. Resident #18's care plan identified a problem with an onset date of 05/14/15 as being at risk for skin breakdown related to impaired bed mobility and incontinence. The most recent Quarterly Minimum Data Set (MDS) assessment of 11/05/15 indicated Resident #18 had severely impaired decision making skills and required extensive to total assistance with all activities of daily living. The	F 312	F 312: 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 1) Actions taken for Resident #18 include the following: A. On 11/19/2015 the resident was given a complete bed bath per facility protocol On 11/19/2015 the resident□s left hand, which held the adaptive equipment, was thoroughly washed and clean adaptive equipment repositioned into left hand following cleaning. 2) Actions taken for all residents due to the potential for being affected: A. All nursing will be re-inserviced by the facility Staff Development Coordinator (SDC) on/before 12/18/15 regarding the process for performing a resident bed bath, to include the removal of any adaptive equipment as allowed to provide opportunity for cleaning area and equipment. Any nursing personnel not in attendance will be contacted by the DON, or appropriate designee, and given the information prior to the employee□s next scheduled shift. B. On/before 11/23/2015, the DON, or appropriate designee reviewed residents□ care guide to identify residents receiving	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312	Continued From page 9 resident was incontinent of both bowel and bladder. The resident had 2 stage 3 pressure ulcers. A bed bath was observed being provided to Resident #18 beginning at 11:00 AM on 11/19/15. NA #2 and NA #3 washed their hands and gloved. NA #2 prepared 2 basins of water to provide the bath. As they uncovered Resident #18, it was noted that his left hand was contracted with a red/orange carrot-shaped protector in place within the hand. NA #2 washed his face, chest and arms. She did not remove the carrot shaped protector from his left hand nor did she wash his left hand. Resident #18 had a severely contracted right leg which was drawn up close to his abdomen resting on the upper left thigh. The right foot was resting up against the inner upper left thigh within very close proximity to his scrotum. Yellow urine staining was noted on the bed pad. Resident #18 also had a moderate amount of soft brown stool on his skin. It was noted that there was a urine soaked white towel draped across the right foot. When the towel was opened, there was a moderate amount of bloody brownish drainage noted on the towel where the right heel had been positioned. Resident #18 had 2 open wounds on his right foot and no dressings were in place. NA #2 continued with bathing while NA #3 assisted. His legs were contracted so the aides were not able to spread his legs to wash inside. NA #2 washed his perineal area and scrotum as best she could. She removed the soft brown stool from his rectum, inner buttocks and scrotum. A clean gown was placed. The soiled bed pad was removed and a clean one placed underneath Resident #18. Resident #18's back, legs and feet were not washed. The aides repositioned him and covered him with the bed	F 312	bed baths and/or those residents with adaptive equipment and the type of adaptive equipment. Care guides were updated as needed and information relayed to CNA staff by the DON, or appropriate designee. 3) Actions taken to prevent further recurrence: A. All nursing will be re-inserviced by the facility Staff Development Coordinator (SDC) on/before 12/18/15 regarding the process for performing a resident bed bath, to include the removal of any adaptive equipment as allowed to provide opportunity for cleaning area and equipment. Any nursing personnel not in attendance will be contacted by the DON, or appropriate designee, and given the information prior to the employee□s next scheduled shift. B. Random observation of care audits, to include bed bath skills checklist, will be conducted a minimum of 3X week X 2 weeks (to include 2nd shift and weekends as applicable). C. This will be followed by random weekly audits X 2 weeks, followed by monthly X 2 months, followed by quarterly X 2 quarters, and as needed. D. The observation of care, to include bed bath skills checklist, will be included in the facility clinical unlicensed staff orientation. E. Any non-compliance in providing bed baths, to include attention to residents with adaptive equipment, will be reported to the DON, or appropriate designee, and corrective action will be taken as soon as practical.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312	Continued From page 10 linens. After mouth care was completed at approximately 11:20 AM, both aides were questioned about washing the left hand. Neither aide was able to report the last time the left hand had been washed because they had been on different assignments. NA #3 stated she had washed his left hand the last time she worked with him which was over the weekend. NA #2 was not sure when she had washed the left hand. NA #3 removed the carrot shaped protector from his left hand and began to wash it. As she opened the hand, a very foul odor was detected. NA #3 washed his left hand and dry skin was observed flaking off the hand onto the bed linens. NA #2 stated she would send the protective device to the laundry and ask what could be placed in the left hand while the carrot shaped protector was being laundered. NA #2 was questioned as to washing his feet so she washed his left foot but she never washed the right foot which had been covered with the urine soiled towel. She stated when she came on duty this morning NA #4 had reported to her that she had removed the dressings from his right foot around 3:00 AM this morning when she provided incontinent care. She stated NA #4 told her that the dressing had become soiled with feces and urine so she had placed a clean towel around the foot. She stated when she provided personal care at approximately 7:10 AM the pad and the towel were both soaked with urine and she had placed a clean towel around the right foot. NA #2 also reported that the facility had a "no brief" policy so she was constantly having to check on him to provide care as he was not wearing a brief. NA #2 added that she had not been back in to change Resident #18 since her first check earlier today.	F 312	F. The process for communicating unresolved issues or concerns will be included in the above referenced inservice and emphasized in the facility orientation programming. 4) Monitoring for outcomes of established plan and involvement of facility QAA/QAPI committee: A. Outcomes of observation of care audits, to include bed bath skills checklist will be reviewed by the administrative team during morning administrative meeting weekly X 4 weeks, followed by monthly X 2 months. B. Outcomes of observation of care audits, to include bed bath skills checklist, will be presented to the facility QAA/QAPI committee by the treatment nurse, or appropriate designee monthly X 3 months, Followed by quarterly X 2 quarters, and as needed. C. Any non-compliance with established plan will reviewed by the QAA/QAPI committee for root cause and interventions implemented as needed and/or established plan revised. Discussion, interventions, and/or revisions to established plan will be included in the meeting minutes. D. Any adjustment to the established plan, through revision and/or interventions for non-compliance will require re-inservicing of the applicable staff by the DON, or appropriate designee. E. Any revision to the established plan will require the monitoring to begin again at Step 4A and continue as outlined.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312	Continued From page 11 The Director of Nurses (DON) was interviewed on 11/19/15 at 5:00 PM. She stated all body parts were to be washed during a bath. She stated that included hands and feet. She stated showers were provided based on rotation sheets and if the resident was not scheduled for a shower a complete bed bath was to be given.	F 312		
F 315 SS=G	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on physician interview, staff interview, and record review the facility failed to collect urine for a urinalysis for ten days and failed to initiate antibiotic treatment as ordered by the physican for fifteen days after nursing faxed the physician describing painful signs and symptoms for 1 of 1 sampled residents (Resident #287) who experienced a urinary tract infection (UTI). Findings included: Resident #287 was admitted to the facility on 08/18/08, readmitted to the facility on 05/20/13, and discharged to the hospital on 05/08/15. The	F 315	F 315: 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 1) Resident #287 was discharged from the facility on 5/8/15 and has not returned. 2) Actions taken for any residents potentially affected: A. A review was conducted on 11/20/15 by the Administrative Nursing Team on all residents receiving antibiotics to insure no doses had been inadvertently omitted. None were discovered. B. On 11/24/15, Administrator called attending physician to discuss results of	12/18/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 12 resident's documented diagnoses included Escherichia coli UTI, chronic anxiety disorder, cerebrovascular accident with right side weakness and slurred speech, bradycardia, and hypertension. On 06/24/14 the resident's care plan identified, "I have occasional episodes of incontinence" as a problem. The resident's care plan was last reviewed on 03/23/15, and there were no revisions regarding this problem. Interventions to this problem included, "Observe me for acute behavioral changes that may indicate UTI." The resident's 03/16/15 quarterly minimum data set (MDS) documented her cognition was severely impaired, there were no signs of delirium, the resident was having trouble sleeping, the resident was feeling tired, the resident was experiencing poor appetite, the resident was having trouble concentrating, there was no evidence of psychosis, the resident exhibited no behaviors, the resident did not reject care, and the resident was not wandering. The resident required extensive assist with her activities of daily living except she was totally dependent on staff for bathing. The resident was frequently incontinent of bowel and bladder, and had two or more falls since her last MDS with one resulting in non-major injury. A 04/09/15 (Sunday) physician progress note (the most recent in the medical record before the resident was hospitalized on 05/08/15) did not document any acute changes in Resident #287's health status. The note documented a routine visit with the resident being alert, but not oriented to time or place. Osteoarthritis was noted in the hands and feet, the resident was unable to follow	F 315	survey. Also asked him to give more timely responses to our nurse calls regarding his patients and to make more detailed notes in our system regarding judgement calls that might be questioned later. 3) Actions taken to prevent further recurrence: A. All licensed nursing staff will be re-inserviced on/before 12/18/2015 for method of notifying physicians, and to relay any delay of response by a physician to the DON, or appropriate designee, either verbally or on the 24 hour nursing report. C. All licensed nursing staff will be re-inserviced on medication administration on/before 12/18/15, with special attention to following physician orders, omitting doses, and notification of appropriate administrative and physician if doses are omitted. D. Any licensed nursing staff not in attendance will be contacted by the DON, or appropriate designee, and given the information prior to the employee□s next scheduled shift. E. The process for communicating unresolved issues or concerns will be included in the above listed inservices and emphasized in the facility orientation programming. F. The Administrative Nursing Team will continue to review each 24 hour nursing report at a minimum of 5X per week on-going for appropriate and timely interventions. The DON, or designee will address any non-compliance/negative outcomes with the applicable staff	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 13	F 315		

commands, there was evidence of advancing multi-infarct dementia with recent TIA (transient ischemic attack), the resident was continuing a DNR (do not resuscitate) status, and there was to be a continuation of comfort measures.

A 04/21/15 fax to Resident #287's primary physician from Nurse #1 documented, "Rsdt (resident) had 2 falls on 11 - 7 shift last night. Rsdt is being very combative, hallucinating. Urine is cloudy with (symbol used) gray tint. Strong odor & c/o (and complaints of) pain when urinating. Family is present @ (at) current & request she gets a UA/C & S ASAP (urinalysis/culture and sensitivity as soon as possible). Current symptoms before & had UTI. Please advise!" The fax documented the resident's 04/21/15 10: 00 AM vital signs were blood pressure of 144/86, pulse 78, respirations 18, temperature 98.1, and oxygen saturation 95% on room air. Also handwritten on the facility's copy was, "Temp (temperature) 99.9 urine collected.: This handwritten entry was undated.

On 04/21/15 "Combative behavior during care AEB (as evidenced by) striking out at and pulling away from staff; at risk of injury to self/others and undue stress r/t (in regard to) increased confusion" was newly identified as a problem in the resident's care plan. Interventions to this problem included, "monitor and document my behavior Q (every) shift, report significant changes to physician, administer medications as ordered by physician, monitor effectiveness of resident drug regime."

On 05/01/15 the primary physician faxed a reply which documented, "If still symptomatic (i.e. having dysuria), obtain in and out cath for U/A, C

personnel, physician, and family as needed.
G. The DON, or designee, will audit 25% of all residents on antibiotics using the following timeline:
a. Weekly X 4 weeks
b. Monthly X 2 months
c. Quarterly X 2 quarters
d. As needed
H. 2 Medication Pass Observations will be conducted weekly x 2 weeks, followed by monthly on-going. These audits will be contacted by a member of the Administrative Nursing Team and/or pharmacy personnel during their monthly visit.
I. Any non-compliance or omissions will be addressed by the DON, or designee, as discovered.
4) Monitoring for outcomes of established plan and involvement of facility QAA/QAPI committee:
A. Outcomes of antibiotic delivery compliance audits and the Medication Pass Observations will be reviewed by the administrative team during morning administrative meeting weekly X 4 weeks, followed by monthly X 2 months.
B. Outcomes of Medication Pass Observation will be presented to the facility QAA/QAPI committee by the QA nurse, or appropriate designee monthly X 3 months, quarterly X 2 quarters and as needed.
C. Medication Pass Observation outcomes will continue to be presented at the Medication Management Advisory Sub-Committee section of the QAA/QAPI Committee quarterly meetings on-going.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 14 & S only if pyuria." 05/02/15 vital signs documented Resident #287's temperature was 99.9 degrees Fahrenheit (with all prior temperatures in April 2015 on 04/06/15, 04/13/15, 04/20/15, and 04/27/15 being within normal range). Lab results documented urine was collected on 05/02/15 with the C & S available on 05/04/15 which showed greater than 100,000 colony-forming units (CFU) of Escherichia coli bacteria. A 05/05/15 4:44 PM progress note documented, "Rsdt slept majority of the day and consumed 0% of food and about 60 cc (cubic centimeters) of liquids throughout the day. Family also stated resdt was in pain and PRN (as needed) pain medication administered and had minimal effect...." A 05/05/15 physician order started Resident #287 on Tetracycline antibiotic 250 milligrams (mg) by mouth four times daily (QID) x 7 days. A 05/06/15 fax to Resident #287's primary physician by Nurse #1 documented, "Rsdt family requesting a CBC & BMP (complete blood count and basic metabolic panel) on rsdt. Rsdt currently not consuming food or liquids." A 05/06/15 physician order documented, "Check CBC/BMP today." A 05/06/15 12:42 AM progress note documented, "Resident remained in bed throughout 3 - 11 shift. Respirations even and unlabored. Skin warm and dry to touch. Total care provided by staff,	F 315	D. Any non-compliance with established plan will reviewed by the QAA/QAPI committee for root cause and interventions implemented as needed and/or established plan revised. Discussion, interventions, and/or revisions to established plan will be included in the meeting minutes. E. Any adjustment to the established plan, through revision and/or interventions for non-compliance will require re-inservicing of the applicable staff by the DON, or appropriate designee. F. Any revision to the established plan will require the monitoring to begin again at Step 4A and continue as outlined.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 15	F 315		

resident fed by staff member consuming 100% of dinner intake. ABT (antibiotic in progress for UTI, no adverse reactions note. No complaints voiced, no distress noted."

Resident #287's medication administration record (MAR) documented she received her first dose of Tetracycline at 2:00 AM on 05/06/15, but did not receive her 8:00 AM, 2:00 PM, and 8:00 PM doses of the antibiotic on 05/06/15.

A 05/07/15 12:11 AM progress note documented, "Resident in bed resting entire shift with family members at bedside most of shift. Received total care, fed by family members, appetite good consuming greater than 75% of dinner intake."

The resident's MAR documented she received all four doses on antibiotic on 05/07/14.

A 05/07/15 12:09 PM progress note documented, "Resdt in bed all morning very lethargic with family @ bedside. Did not consume any breakfast, scant amounts of liquids...ABT in progress with no adverse reactions noted."

A 05/08/15 1:57 PM progress note documented the resident's blood pressure was 126/82, pulse was 92, respirations were 20, temperature was 97.7, and oxygen saturation was 95% on room air.

A 05/08/15 physician order documented Resident #287 was being sent out to the emergency room (ER) for further evaluation per family request due to non-improving UTI and abdominal pain.

The resident's MAR documented she received three doses of antibiotic on 05/08/15 before she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 16	F 315		

was sent to the ER.

A 05/08/15 hospital history and physical documented, "...was brought in from nursing home for evaluation of change in mentation. The patient is lethargic. She opens her eyes spontaneously to verbal commands. She tries to communicate, but no meaningful information can be obtained....Apparently the patient has complaints of abdominal pain and was diagnosed with a urinary tract infection in the nursing home. She was started on tetracycline, but the patient continued to get worse. The patient can usually talk and answer questions, but for the last 2 days, the ___ (family member designation) states the patient has not been able to communicate at all. Also, the patient's intake has decreased significantly, which has complicated things. She also states the patient's urine has smelled very foul and is very dark in color. The patient apparently used to use a wheelchair to ambulate, but for the last few weeks the patient's functional status has also declined tremendously. No report of fever, chills, nausea, vomiting, diarrhea, chest pain, shortness of breath, lightheadedness, dizziness, or rash...."

Results from the CBC were faxed to the facility on 05/11/15 with the white blood cells elevated at 22.8 (the normal range being 4.5 - 12.5).

A hospital final summary documented Resident #287 passed away in the hospital on 05/12/15. Death diagnoses were documented as severe sepsis and complicated urinary tract infection.

At 2:25 PM on 11/18/15 Nurse #1 stated she personally observed the signs and symptoms Resident #287 was experiencing when she faxed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 17	F 315		

the physician on 04/21/15. She also reported the resident's family informed her that they recognized these as the signs and symptoms experienced by the resident when she had UTIs in the past. According to Nurse #1, the resident continued to experience all these signs and symptoms, and she placed three follow-up phone calls to the physician's office on multiple days (there was no documentation of these phone calls in the resident's medical record). She commented she was not able to talk to the physician during these follow-up calls, but his nurses told her that the physician was aware of her concerns about Resident #287 and he would be back in touch. Nurse #1 stated this lag in physician response was not an isolated incident, reporting it was not uncommon to have to wait a week or longer for feedback and orders from Resident #287's physician.

At 2:50 PM on 11/18/15 nursing assistant (NA) #5 stated for a couple of weeks before Resident #287 went out to hospital on 05/08/15 the resident had some hallucinations, moaned, reported she wanted to get out of the facility, and more frequently tried to do unsafe things like get up unassisted. During this same time period the NA commented the resident would say she had to go to the bathroom, and then be unable to urinate, complaining of feeling pressure. According to the NA, she also recalled the resident having brown/gray stains in her brief for a couple of weeks, but she felt this might not have been unusual for the resident. The NA also reported she thought she remembered the resident having cloudy urine, an isolated elevation in temperature, and some complaints of abdominal pain 2 - 5 day before the 05/08/15 hospitalization. She commented she was told by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 18	F 315		

family members that the resident had a past history of UTIs, and her family was concerned that she was going through the same thing again.

At 4:30 PM on 11/18/15 Nurse #5 stated for a couple of weeks before her 05/08/15 hospitalization Resident #287 seemed more confused, was less able to do things for herself, and was falling more frequently. She reported she was unsure about any changes in the resident's urination during this time period. However, she commented she recalled the family having concerns saying they thought the resident was exhibiting signs and symptoms of a UTI, and they were getting more aggravated because the resident's doctor was not responding. Nurse #5 commented delays of a week or longer were not uncommon after faxing physicians about changes in resident condition or about concerns with resident health. She explained that about all you could do about the delay was call the physician office and talk to nurses who would say they had already passed the information on to the physician.

At 3:06 PM on 11/19/15 NA #6 stated because the resident was last in the facility so long ago about all she could remember was in her last couple of weeks in the facility Resident #287 seemed more weak, was more confused, and the resident was able to go to the bathroom less. She reported Resident #287 did not have frequent UTIs, but had enough in the past that the family stated they could tell when the resident had a UTI from the symptoms she exhibited.

At 3:35 PM on 11/19/15 the director of nursing (DON) stated there were two ways to communicate changes in resident condition to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 19	F 315		

primary physician. She explained if the change seemed urgent nurses could page physicians or physician assistants, and if the change was not urgent and a reply within 1 - 2 days was acceptable then a communication form could be faxed or placed in the physician communication book. She reported staff usually called Resident #287's primary physician since he only had 2 or 3 residents in the building. She commented he was not in the building much more than once a month when he attended quality assurance (QA) meetings. According to the DON, there was a folder at the nurse's station where communication forms that had been faxed to physicians were kept. She stated she expected the nursing staff to check the folder the next day after the initial fax to make sure a response had been obtained. If there was no response, she reported the nurse was supposed to call the physician office. If the nurse was unable to get a response from the physician after the phone call, then the nurse was supposed to take the matter to the unit or clinical coordinator who would then take over the responsibility of obtaining a response. The DON stated waiting almost two weeks to get antibiotic orders for someone exhibiting definitive symptoms of a UTI was too long. She commented in that amount of time the resident should have already completed antibiotic therapy and been free of painful UTI symptoms.

At 8:42 AM on 11/20/15, during a telephone conversation with Resident #287's primary physician, he stated when residents experienced changes in condition the best way the nursing staff could reach him was on his cellular phone. He commenting faxing was acceptable also if the problem was not urgent. The physician reported he had some conversations with the former DON

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 20 before 05/01/15, and they did not think Resident #287 was exhibiting definitive signs and symptoms of a UTI until the resident had an elevated temperature on 05/02/15. (However, there was no documentation of such conversations in the resident's paper or electronic medical record). He stated definitive signs and symptoms of a UTI included elevated temperature, pelvic/abdominal/flank pain, and painful urination. According to the physician, he also stopped by to see Resident #287 while visiting two other residents in the facility on 05/03/15 (Sunday), and Resident #287 seemed at baseline and in no acute distress. (However, there was not a physician progress note in the resident's paper or electronic medical record for 05/03/15).	F 315		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to sanitize kitchenware when dish machine final rinse temperatures did not reach 180 degrees Fahrenheit, failed to maintain the temperature of tuna salad made with mayonnaise	F 371	F 371: 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE SANITARY 1) Initial actions taken upon discovery of concerns: A. Concerns	12/18/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 21 at or below 41 degrees Fahrenheit during operation of the trayline, failed to air dry kitchenware before stacking it on top of one another in storage, failed to use sanitizing solutions to sanitize food preparation surfaces and meal carts, failed to clean kitchen equipment and filters, and failed to label and date opened food items. Finding included: 1. Between 9:30 AM and 9:52 AM on 11/18/15 15 racks of kitchenware were run through the facility's dish machine. The wash and final rinse gauges were not monitored by the dietary employees operating the dish machine, and these employees were unsure whether the dish machine sanitized kitchenware via heat or chemical sanitization. The final rinse temperatures ranged between 142 and 148 degrees Fahrenheit. At 9:55 AM on 11/18/15 the facility's maintenance manager (MM) stated the dish machine sanitized by heat alone, and final rinse temperatures should be at least 180 degrees Fahrenheit. During a follow-up interview with the MM at 10:56 AM on 11/18/15, he stated in response to a work order the thermostat and contacters were replaced in the dish machine booster system about a week and a half ago. He reported on 11/16/15 there were still problems with the dish machine temperatures so a contracted service technician recalibrated the thermostat in the booster system. The MM commented he did not regularly monitor dish machine temperatures, but did respond to work orders that concerned problems with the dish machine. At 4:22 PM on 11/18/15 the kitchen manager	F 371	(1) The rinse cycle on the dishwasher did not reach the required rinse temperature of 180 degrees or greater. Maintaining accurate temperature logs for dishwasher. (2) Cold foods (tuna salad) was not maintained at 41 degrees or less. (3) Kitchenware was not left to air dry before stacking (4) Sanitizing solutions were not used by dietary staff to sanitize food preparation surfaces/meal carts (5) Kitchen equipment and filters were not cleaned on regular basis (6) Open food items not labeled or dated when opened. B. Actions taken: (1) On 11/18/2015 applicable dishes were re-rinsed until required temp cycle was obtained. (2) A new thermostat for the dishwasher was installed on 12/7/15, and paper products were used until thermostat arrived and was installed. (3) On 11/18/2015 any wet kitchenware was re-washed/rinsed/air dry appropriately (4) On 11/18/2015 identified tuna salad was discarded. (5) On 11/18/2015, all identified kitchen surfaces were sanitized with appropriate solution (6) On/before 11/19/2015 identified kitchen equipment and filters were cleaned. (7) On/before 11/18/2015 all open food items that were not labeled or dated upon opening were discarded. 2) Actions taken for all residents due to the potential for being affected:	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 22 (KM) stated he expected the dietary staff operating the dish machine to monitor the wash and final rinse gauges. He reported if the final rinse gauge did not reach 180 degrees Fahrenheit as racks of kitchenware were run through, he expected the racks to be rerun until the target temperature was reached or exceeded. If this temperature could not be reached the KM commented the dietary staff was to notify the MM or a member of the dietary management team. At 10:04 AM on 11/19/15 a dietary employee, whose responsibilities sometimes included dish machine operation, stated the dietary staff was in-serviced and instructed that the employee retrieving sanitized kitchenware from the dish machine was supposed to monitor the final rinse gauge. If the gauge did not register at least 180 degrees Fahrenheit, the employee reported the reset button was to be activated and the kitchenware was to be run back through. According to the employee, if a temperature of at least 180 degrees was not reachable then the MM was to be notified immediately. 2. At 11:37 AM on 11/18/15 the cook took the food temperatures before the trayline began operation. Temperatures on hot foods were obtained, but no temperatures were taken on cold food items. At 11:50 AM on 11/18/15 after two tuna fish sandwiches were placed on resident trays, a calibrated thermometer was used to check the tuna fish filling. The sandwiches were being stored in a tray pan which was placed on top of another tray pan filled with ice. When placed in the filling, the thermometer registered 56 degrees Fahrenheit. At this time the dietary employee	F 371	A. On/before 11/27/2015, applicable dietary staff were re-inserviced by dietary manager to the regulatory and sanitation requirements for above areas of concern: 1) A(1)-(6), and B. The process for communicating unresolved issues or concerns will be included in the above referenced inservice and emphasized in the facility orientation programming. C. Any dietary staff not in attendance to in-service, were re-inserviced prior to next scheduled shift. 3) Actions taken to prevent further recurrence: A. Dietary Manager has made changes in the way cold foods are prepared. Beginning on/before 11/20/2015, cold foods will be prepared the day before, kept in the cooler overnight and maintained in an ice bath on the tray line until served. B. Dietary Manager re-inserviced dietary staff to procedure for maintaining temperature logs to include, but not limited to, refrigerated equipment, food/beverage temperatures, and dishwasher temperatures. C. On/before 12/9/15 Dietary Manager re-assigned cleaning schedules for the following, dietary aides, cooks, sous chef, and revised the cleaning of the dishwasher. All schedules have accompanying daily signature logs included. Applicable dietary staff were informed of cleaning schedules and expectations by the Dietary Manager on/before 12/9/15. D. On/before 12/9/15, Dietary Manager	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 23 who prepared/assembled the tuna salad reported it contained tuna fish, mayonnaise, relish, mustard, onion, and boiled egg. She stated she finished preparing the salad at about 10:00 AM on 11/18/15, and the tuna fish sandwiches had been in the reach-in refrigerator since. At 11:55 AM on 11/18/15 a large bowl of left over/back-up tuna salad (from which the filling for the sandwiches had been obtained) was removed from the reach-in refrigerator. The calibrated thermometer used to check the tuna salad temperature registered 56 degrees Fahrenheit. At this time the kitchen manager (KM) stated he preferred cold salads to be assembled on the same day they were to be served so they would be as fresh as possible. At 9:13 AM on 11/19/15 the KM stated he was rethinking his stance on the time table for preparing cold salads made with mayonnaise in order to make sure they would be at or below 41 degrees Fahrenheit during operation of the trayline. He reported sandwiches containing fillings made with mayonnaise were to be stored in the refrigerator before serving, and kept above an ice bath while resident trays were being prepared. At 10:04 AM on 11/19/15 a dietary employee, whose responsibilities included food preparation, stated she did not believe preparing salads made with mayonnaise on the same day they were served was allowing them to cool down enough before serving. She reported on 11/18/15 she used chilled ingredients in preparing the tuna salad, and refrigerated the sandwiches as soon as they were assembled. She commented that if tuna salad did not reach 41 degrees Fahrenheit	F 371	has established with applicable dietary staff that all delivered foods are labeled/dated when received and dated upon opening. The kitchen manager is checking all stored foods daily for dating/labeling and keeping a log sheet of the daily checks. E. Dietary manager, or appropriate designee, will perform audits of temperature logs for equipment and food/beverages; appropriate air drying of kitchenware; label/dating foods; sanitizing food preparation areas as follows: (1) Daily X 5 times/week X 2 weeks, followed by (2) Weekly times X 6 weeks, followed by (3) Monthly X 4 months, followed by (4) Quarterly X 2 quarters, and (5) As needed F. Any non-compliance will be addressed by the Dietary Manager, designee, as soon as practical. 4) Monitoring for outcomes of established plan and involvement of facility QAA/QAPI committee: A. Dietary Manager, designee, will bring compliance outcomes and any corrective action needed to the morning administrative meeting for team review weekly X 8 weeks. B. Dietary Manager, designee, will bring compliance outcomes to facility QAA meeting on a monthly basis X 3 months, followed by quarterly for 3 quarters, and as needed for QAA committee members to review and make any necessary revisions to the plan as needed. C. Discussion of outcomes, root cause analysis for non-compliance, and any	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 24 for a couple of hours there was a potential for making residents sick. 3. At 9:00 AM on 11/18/15 10 of 12 tray pans, stacked on top of one another in storage, had moisture trapped inside of them. At this time the kitchen manager (KM) stated he thought some of the tray pans had been stacked in storage last night and a few had been added this morning. At 9:13 AM on 11/19/15 the KM stated employees were in-serviced previously that kitchenware should be free of food particles and dry before stacking it on top on one another in a storage area. He reported part of the problem was that there was not a lot of room to air dry kitchenware. The KM also commented trapped moisture could grow bacteria which had the potential of making residents sick. At 10:04 AM on 11/19/15 a dietary employee stated all dietary staff had attended in-services during which staff were instructed that kitchenware had to be clean and dry before placing it in storage. 4. At 8:45 AM on 11/18/15 a dietary employee was straining tuna fish over the meat sink. At 8:52 AM on 11/18/15 mayonnaise, onion, and boiled egg were added to a large bowl containing tuna fish. At this time the employee making the tuna salad stated she would be using a spray bottle to sanitize the meat sink when she completed the salad preparation. At 9:06 AM on 11/18/15 a cloth from a green bucket was used to wipe down the food preparation table where the tuna salad was	F 371	revisions to the outlined plan will be included in the QAA meeting minutes. D. Any revision to the plan will require applicable dietary staff to be re-inserviced by Dietary Manager, designee, and for the monitoring cycle to begin again at step 4A.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 25	F 371		

assembled.

At 9:12 AM on 11/18/15 the cook was observed wiping down a food preparation cart/table and the steam table ledges with a cloth from a green bucket.

Between 9:30 AM and 9:52 AM on 11/18/15 three meal carts which had been on the halls and in the dining room were emptied. A dietary employee wiped down the inside and outside of the carts with a cloth which she obtained from a tub of dish washing solution where dirty utensils were soaking.

At 10:00 AM on 11/18/15 the kitchen manager (KM) stated the green buckets in the kitchen contained a dishwashing solution. He reported he was unsure whether the three sanitizer bottles in the kitchen contained bleach or quaternary sanitizing solution. He was also unsure about when the spray bottles had been made up. Strips used to check the strength of both bleach-based and quarternary solutions failed to register when placed in the solutions inside 2 of the 3 spray bottles (including the spray bottle utilized in the area where the tuna fish salad was prepared).

At 9:13 AM on 11/19/15 the KM stated every work station should have a red bucket and a spray bottle containing quarternary sanitizing solution. He reported all food preparation surfaces in the kitchen should be sanitized between completing preparation tasks. The KM commented strips should be used after making up the bottles and buckets to make sure the solutions registered 150 - 200 parts per million of sanitizer. According to the KM, the spray bottles and red buckets should be changed out twice daily. He

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 26	F 371		

stated a quarternary sanitizing solution was supposed to be used for wiping down meal carts which returned from the halls and dining room where germs and bacteria could have been picked up.

At 10:04 AM on 11/19/15 a dietary employee stated she did not recall being instructed to wipe down meal carts with a sanitizing solution. However, she reported red buckets and spray bottles were made up twice daily, and contained quarternary solution dispensed from the three-compartment sink system. She stated work surfaces were supposed to be sanitized after completing each food preparation task.

5. During initial tour of the kitchen, beginning at 9:50 AM on 11/16/15, the filters on the ice machine were coated in a thick film of grease and dust. In addition, a thick film of grease and patches of dust were observed on the seven filter sections above the stove/oven system. The inside top of the microwave oven was also covered with dried food particles.

During a follow-up tour of the kitchen at 8:50 AM on 11/18/15 the inside top of the microwave oven was covered with dried food particles.

At 4:22 PM on 11/18/15 the kitchen manager (KM) stated the maintenance department was responsible for cleaning the ice machine filters and the hood system. However, he reported employees in the dietary department cleaned both types of filters if they became greasy and dirty between the scheduled maintenance times. The KM commented dirty filters on the ice machine could contaminate the ice and effect the proper functioning of the ice machine. He also

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 27	F 371		

remarked dusty filters above the stove could contaminate the food cooking below them, and greasy filters posed a fire hazard. According to the KM, the inside bottom, sides, and top of the microwave were supposed to be cleaned at least daily to prevent dried food from falling into fresh food which was being heated.

At 9:28 AM on 11/19/15 the maintenance manager (MM) stated he was responsible for making sure the hood system was deep cleaned every six months, but he thought dietary employees cleaned the filters in the stove system at least every month and as needed to prevent a build up of grease and dust which could cause fires and contaminate food. The MM reported he cleaned kitchen filters/vents monthly, but he thought dietary slid out the ice machine filters weekly and as needed to keep them clean to prevent contamination to ice and promote optimal functioning of the machine.

At 10:04 AM on 11/19/15 a dietary employee stated the facility had a cleaning schedule with some tasks to be done daily, some weekly, and some monthly. However, she stated the dietary employees mainly cleaned up as they went, and would either notify maintenance or clean filters themselves if they became dirty and greasy. She reported employees using the microwave were supposed to wipe it down after use or at least by the end of their shift. She commented dried food could fall off the inside top of the microwave and contaminate food which was heating.

6. During initial tour, beginning at 9:50 AM on 11/16/15, bags of potato cakes and sliced eggplant in the reach-in freezer were opened but without labels and open dates. In the reach-in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 28 refrigerator gallon containers of Tuscan Caesar dressing, mayonnaise, French dressing, blue cheese dressing, ranch dressing, barbecue sauce, Italian dressing, and honey mustard dressing were opened but without labels and open dates. In the dry storage room a 5-pound box of cornbread mix, two 5-pound bags of cake mix, a bag of croutons, and a bag of vanilla wafers were opened but without labels and open dates. In the walk-in freezer bags of corn on the cob and sliced eggplant were opened but without labels and dates. At this time the kitchen manager (KM) stated he was not aware that food items should be dated when opened. He reported, however, he was making sure the staff wrote on containers of food the dates when they were received into the facility. At 10:04 AM on 11/19/15 a dietary employee stated prior to the survey the only dates recorded on food items were the receipt dates when the foods arrived in the facility. However, she reported it made sense to also document an open date to make sure those foods which were opened earliest were used up first so everything would stay as fresh as possible.	F 371		
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services	F 425		12/18/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 29 (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, pharmacy staff interview, physician interviews and record review, the facility failed to follow established procedures for the acquisition of narcotic medications for 9 of 37 residents (Resident #46, #45, #121, #33, #160, #270, #56, #21 and #177) receiving controlled substances. Findings included: 1. A review of the facility policy titled " Medication Ordering and Receiving from Pharmacy-Emergency Pharmacy Services and Emergency Kits " (dated as effective June 9, 2015) included a section titled, Procedures: E. " Medications are not borrowed from other residents. " The ordered medication is obtained either from the emergency box or automated dispensing system (ADS), from the provider pharmacy or a back-up pharmacy that is determined by the provider pharmacy. Resident # 46 was admitted to the facility on 7/27/15. A review of the resident ' s medical record revealed medication orders included the	F 425	F 425: 483.60(a)(b) PHARMACEUTICAL SERVICES ACCURATE PROCEDURES, RPH 1) Actions taken for Residents #46, #45, #121, #33, #160, #270, #56, #21, #177 A. Borrowed medications for residents listed above: Klonopin, Xanax, Oxycodone, Ativan B. On/before 12/18/2015 contracted pharmacy contacted by the facility administrator for reconciliation of med costs for each involved resident □ costs were reconciled for each involved resident or facility covered the cost of the medication as needed. C. Involved licensed nurses were re-inserviced on 11/19/2015 by the facility DON on Medication Ordering and Receiving from Pharmacy □ Emergency Pharmacy Services and Emergency Kits. 2) Actions taken for all residents due to the potential for being affected: A. All residents have the potential to be affected	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 30 following: Klonopin 0.5 milligrams (mg) to be given twice daily to treat schizophrenia originally ordered 9/26/15. A review of Resident #46 ' s Controlled Drug Record revealed her Klonopin was signed out by a nurse and noted as " borrowed for (Resident #29) " . In an interview on 11/18/15 at 2:05 PM, the consultant pharmacist stated she was not aware that the nurses were borrowing narcotics. She stated she primarily does the medication reviews and leaves the medication carts and ADS issues to either the pharmacy technician or the nurse consultant. In another interview on 11/18/15 at 2:17 PM, the pharmacist recalled the ADS " crashed " on 11/5/15 and she was aware it went off line a few days before. When the system went offline, the pharmacy could not see what needed reordering or what is being used from the ADS. It does not limit the staff ' s ability to get medications out of the ADS according to the pharmacist. She recalled the pharmacy calling the facility and leaving multiple messages for the director of nursing (DON) and the unit manager (UM) to reset the ADS because the pharmacy was unable to view the inventory. She stated the pharmacy called the provider of the ADS and made them aware of offline concerns on 11/4/15 but then the ADS crashed. The pharmacy ordered a replacement ADS that arrived at the facility on 11/7/15 but the facility did have backup pharmacy services in the interim. In an interview on 11/18/15 at 2:45 PM, the DON stated there had been problems recently with the	F 425	B. On/before 12/18/2015, facility DON reviewed all narcotic count sheets for the borrowing of medications from residents to be given to other residents who were without ordered medication. C. All licensed nursing personnel were re-inserviced on/before 12/11/2015 by the DON, appropriate designee with regards to: (1) Against facility policy to borrow medications from residents for other residents (2) Facility policy for Medication Ordering and Receiving from Pharmacy □ Emergency Pharmacy Services and Emergency Kits (3) Process for re-ordering medications timely through electronic ordering system (4) Process for obtaining hard scripts timely for Schedule II narcotic ordering (5) Process for obtaining medications from the in-house dispensing system (6) The process for communicating unresolved issues or concerns will be included in the above referenced inservice and emphasized in the facility orientation programming. (7) Any nursing personnel not in attendance will be contacted by the DON, or appropriate designee, and given the information prior to the employee□s next scheduled shift. 3) Actions taken to prevent further recurrence: A. In addition to the re-inservicing stated in Section 2, the contracted pharmacy pharmacist held an inservice on/before 12/16/2015 with licensed nursing personnel regarding pharmacy procedure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 31	F 425		

ADS and she had to repeatedly reset the machine but it was replaced the first part of November and she thought it was working better. The DON stated once an admission was verified, the orders were faxed to the facility pharmacy and when the resident arrived with the original paper prescription it would be placed in the pharmacy tote to be delivered to the pharmacy. The DON verified the pharmacy delivered medications to the facility around midnight and cut off time to get medications the same night was 5:00 PM. She also stated the facility utilized a backup pharmacy in the event that a medication was needed prior to the arrival of the ordered medication at midnight.

In an interview on 11/18/15 at 4:40 PM, Nurse #4 identified her signature of the Control Drug Record as having borrowed Klonopin from Resident #46 for Resident #29. She acknowledged she had borrowed control substances on other occasions as well. Nurse #4 stated she was aware of the facility policy against borrowing controlled medications but the physician only came on the weekends and wrote prescriptions for refills and she was left with little option. Nurse #4 stated she was aware there were issues with the ADS and she could not use the backup pharmacy without a physician signed prescription. She stated she could call the physician and get orders for an alternate medication in some instance but not for some medications used for her residents. Nurse #4 stated anytime a medication was unavailable the physician should be notified and she felt some nurses did not reorder the narcotics timely enough since the physician only came in on the weekends. She stated when the nurse saw the medication get into the blue area on the punch

for re-ordering medications, acquiring medications from the in-house dispensing system, and the potential errors when medications are borrowed from residents
B. Any nursing personnel not in attendance will be contacted by the DON, or appropriate designee, and given the information prior to the employee□s next scheduled shift.
C. On/before 12/18/15, licensed nursing personnel will be instructed to note any problems with the in-house dispensing medication system on the nursing 24 hour report for next day follow-up by the DON, or designee.
D. Facility DON, or appropriate designee, will review narcotic count sheets for the any incidents of borrowing medications from residents as follows:
(1) Daily for 3 days/week X 2 weeks, followed by
(2) Weekly X 6 weeks, followed by
(3) Quarterly X 2 quarters ,
(4) And as needed
E. Any incident found for borrowing will be addressed with the licensed nurse responsible by DON, or designee, for root cause and subsequent counseling as needed.
4) Monitoring for outcomes of established plan and involvement of facility QAA/QAPI committee:
A. Results of narcotic sheet monitoring and any problems noted on the 24 hour nursing regarding the in-house medication dispensing system will be brought by DON, designee, to the morning administrative meeting and reviewed by the administrative team weekly X 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 32 card, that was when normally a nurse should start trying to obtain another written prescription but if a nurse waited until a medication was in the blue area, it would be too late to get a new prescriptions and have the refill available for the resident. Nurse #4 stated she had worked at the facility for approximately 2 weeks but she had already identified the issue but did not report it because she was told it had been an ongoing problem and management was aware. In a telephone interview on 11/19/15 at 9:48 AM, the long term care unit physician stated he came to the facility on Saturdays and Sundays. He stated staff normally anticipate a need for a narcotic refill and put the order in his box the week before he comes. If a resident needed a medication during week, he could write prescription at his office and fax it to the pharmacy. He stated he had never had any issue with resident ' s getting their narcotics as ordered. In an interview on 11/19/15 at 10:25 AM, the rehabilitation unit physician assistant (PA) stated the facility had an ADS that should only be used in emergencies and if staff notified him timely when a resident ' s narcotic medications were in the blue area on the punch card, there should be ample time to get a refill. The PA stated he was at the facility at minimum 2-3 times weekly and verified that he could email the pharmacy prescriptions if he was made aware of a need. In a telephone interview on 11/19/15 at 11:08 AM, the pharmacy technician stated the ADS was internet based but it could be accessed at facility the whether or not it was online. She acknowledged the pharmacy could not log in to refill the ADS unless it was online. The pharmacy	F 425	weeks. B. Results of narcotic sheet monitoring and any problems noted on the 24 hour nursing regarding the in-house medication dispensing system will be brought to the facility QAA meeting by the DON, designee, and reviewed by the QAA committee monthly X 3 months, quarterly X 2 quarters. C. Any non-compliance with established plan will reviewed by the QAA/QAPI committee for root cause and interventions implemented as needed and/or established plan revised. Discussion, interventions, and/or revisions to established plan will be included in the meeting minutes. D. Any adjustment to the established plan, through revision and/or interventions for non-compliance will require re-inservicing of the applicable staff by the DON, or appropriate designee. E. Any revision to the established plan will require the monitoring to begin again at Step 4A and continue as outlined.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 33	F 425		

technician she was at the facility on 10/28/15 and reset the machine but on 11/5/15, she was made aware of crashed all together. The pharmacy technician stated she was not aware the facility was borrowing narcotics but she normally does not review the Control Drug Records but rather checked that medication carts for expired medications during her monthly visits.

In a telephone interview on 11/19/15 at 11:15 AM, the pharmacy nurse consultant stated during her monthly facility visit, she " spot checks " the medication carts for expired medications. She stated she was unaware that the facility was having any narcotic borrowing issues and was not made aware until yesterday, the ADS had to be replaced earlier this month. The pharmacy nurse consultant stated she was uncertain who was responsible for the review of the Control Drug Records to ensure there was no evidence of narcotic borrowing. She acknowledged she had reviewed the Control Drug Records in the past but if she noted any problems, it would have been addressed in her monthly visit report given to the facility.

A review of the Medication Room Compliance Report dated 8/21/15, 9/15/15 and 10/28/15 completed by the pharmacy nurse consultant and the pharmacy technician did not reference a review of the Control Drug Record sheets.

In an observation on 11/19/15 at 2:45 PM, the UM was attempting to retrieve a onetime dose of supplemental potassium for a resident from the ADS. The UM attempted three times but the ADS never would open to allow retrieve the potassium from the ADS. After the third attempt, she went and got the consultant pharmacist who was in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 34	F 425		

facility for assistance. The pharmacist was asked to follow up with the outcome of the ADS malfunction.

In an interview on 11/19/15 at 4:50 PM, the DON stated the pharmacist was no longer at the facility and she was unsure of the outcome of the ADS malfunction earlier witnessed. It was the expectation of the DON that the facility not borrow narcotic medications under any circumstance but rather utilize the backup pharmacy or the ADS.

2. A review of the facility policy titled " Medication Ordering and Receiving from Pharmacy-Emergency Pharmacy Services and Emergency Kits " (dated as effective June 9, 2015) included a section titled, Procedures: E. " Medications are not borrowed from other residents. " The ordered medication is obtained either from the emergency box or automated dispensing system (ADS), from the provider pharmacy or a back-up pharmacy that is determined by the provider pharmacy.

Resident # 45 was admitted to the facility on 9/2915. A review of the resident ' s medical record revealed medication orders included the following: Xanax 0.25 milligrams (mg) to be given every 6 hours as needed for anxiety originally ordered 10/1/15.

A review of Resident #45 ' s Controlled Drug Record revealed her Xanax was signed out by a nurse and noted as " borrowed for (Resident #29) " .

In an interview on 11/18/15 at 2:05 PM, the consultant pharmacist stated she was not aware that the nurses were borrowing narcotics. She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 35	F 425		

stated she primarily does the medication reviews and leaves the medication carts and ADS issues to either the pharmacy technician or the nurse consultant.

In an interview on 11/18/15 at 2:05 PM, Nurse # 7 stated she was aware it was against the facility policy but she acknowledge her signature on the Control Drug Record and borrowing narcotics in the past. Nurse #7 stated the facility has had a problem for " awhile " getting prescriptions from the physician before the residents ran out of narcotics. She stated everyone has the same problem and everyone knows about it. Nurse #7 stated there was ongoing issues with the facility ADS. She stated there was problems accessing it and it was never restocked.

In another interview on 11/18/15 at 2:17 PM, the pharmacist recalled the ADS " crashed " on 11/5/15 and she was aware it went off line a few days before. When the system went offline, the pharmacy could not see what needed reordering or what is being used from the ADS. It does not limit the staff ' s ability to get medications out of the ADS according to the pharmacist. She recalled the pharmacy calling the facility and leaving multiple messages for the director of nursing (DON) and the unit manager (UM) to reset the ADS because the pharmacy was unable to view the inventory. She stated the pharmacy called the provider of the ADS and made them aware of offline concerns on 11/4/15 but then the ADS crashed. The pharmacy ordered a replacement ADS that arrived at the facility on 11/7/15 but the facility did have backup pharmacy services in the interim.

In an interview on 11/18/15 at 2:45 PM, the DON

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 36	F 425		

stated there had been problems recently with the ADS and she had to repeatedly reset the machine but it was replaced the first part of November and she thought it was working better. The DON stated once an admission was verified, the orders were faxed to the facility pharmacy and when the resident arrived with the original paper prescription it would be placed in the pharmacy tote to be delivered to the pharmacy. The DON verified the pharmacy delivered medications to the facility around midnight and cut off time to get medications the same night was 5:00 PM. She also stated the facility utilized a backup pharmacy in the event that a medication was needed prior to the arrival of the ordered medication at midnight.

In a telephone interview on 11/19/15 at 9:48 AM, the long term care unit physician stated he came to the facility on Saturdays and Sundays. He stated staff normally anticipate a need for a narcotic refill and put the order in his box the week before he comes. If a resident needed a medication during week, he could write prescription at his office and fax it to the pharmacy. He stated he had never had any issue with resident ' s getting their narcotics as ordered.

In an interview on 11/19/15 at 10:25 AM, the rehabilitation unit physician assistant (PA) stated the facility had an ADS that should only be used in emergencies and if staff notified him timely when a resident ' s narcotic medications were in the blue area on the punch card, there should be ample time to get a refill. The PA stated he was at the facility at minimum 2-3 times weekly and verified that he could email the pharmacy prescriptions if he was made aware of a need.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 37	F 425		

In a telephone interview on 11/19/15 at 11:08 AM, the pharmacy technician stated the ADS was internet based but it could be accessed at facility the whether online or offline. She acknowledged the pharmacy could not log in to refill the ADS unless it was online. The pharmacy technician she was at the facility on 10/28/15 and reset the machine but on 11/5/15, she was made aware of crashed all together. The pharmacy technician stated she was not aware the facility was borrowing narcotics but she normally does not review the Control Drug Records but rather checked that medication carts for expired medications during her monthly visits.

In a telephone interview on 11/19/15 at 11:15 AM, the pharmacy nurse consultant stated during her monthly facility visit, she " spot checks " the medication carts for expired medications. She stated she was unaware that the facility was having any narcotic borrowing issues and was not made aware until yesterday, the ADS had to be replaced earlier this month. The pharmacy nurse consultant stated she was uncertain who was responsible for the review of the Control Drug Records to ensure there was no evidence of narcotic borrowing. She acknowledged she had reviewed the Control Drug Records in the past but if she noted any problems, it would have been addressed in her monthly visit report given to the facility.

A review of the Medication Room Compliance Report dated 8/21/15, 9/15/15 and 10/28/15 completed by the pharmacy nurse consultant and the pharmacy technician did not reference a review of the Control Drug Record sheets.

In an observation on 11/19/15 at 2:45 PM, the UM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 38	F 425		

was attempting to retrieve a onetime dose of supplemental potassium for a resident from the ADS. The UM attempted three times but the ADS never would open to allow retrieve the potassium from the ADS. After the third attempt, she went and got the consultant pharmacist who was in the facility for assistance. The pharmacist was asked to follow up with the outcome of the ADS malfunction.

In an interview on 11/19/15 at 4:50 PM, the DON stated the pharmacist was no longer at the facility and she was unsure of the outcome of the ADS malfunction earlier witnessed. It was the expectation of the DON that the facility not borrow narcotic medications under any circumstance but rather utilize the backup pharmacy or the ADS.

3. A review of the facility policy titled " Medication Ordering and Receiving from Pharmacy-Emergency Pharmacy Services and Emergency Kits " (dated as effective June 9, 2015) included a section titled, Procedures: E. " Medications are not borrowed from other residents. " The ordered medication is obtained either from the emergency box or automated dispensing system (ADS), from the provider pharmacy or a back-up pharmacy that is determined by the provider pharmacy.

Resident # 121 was admitted to the facility on 5/1/15. A review of the resident ' s medical record revealed medication orders included the following: Klonopin 0.5 mg to be given every three times daily for anxiety originally ordered 5/1/15.

A review of Resident #121 ' s Controlled Drug Record revealed her Klonopin was signed out by a nurse and noted as " borrowed for (Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 39	F 425		

#46) " .

In an interview on 11/18/15 at 2:05 PM, the consultant pharmacist stated she was not aware that the nurses were borrowing narcotics. She stated she primarily does the medication reviews and leaves the medication carts and ADS issues to either the pharmacy technician or the nurse consultant.

In an interview on 11/18/15 at 2:05 PM, Nurse # 7 stated she was aware it was against the facility policy but she acknowledge her signature on the Control Drug Record and borrowing narcotics in the past. Nurse #7 stated the facility has had a problem for " awhile " getting prescriptions from the physician before the residents ran out of narcotics. She stated everyone has the same problem and everyone knows about it. Nurse #7 stated there was ongoing issues with the facility ADS. She stated there was problems accessing it and it was never restocked.

In another interview on 11/18/15 at 2:17 PM, the pharmacist recalled the ADS " crashed " on 11/5/15 and she was aware it went off line a few days before. When the system went offline, the pharmacy could not see what needed reordering or what is being used from the ADS. It does not limit the staff ' s ability to get medications out of the ADS according to the pharmacist. She recalled the pharmacy calling the facility and leaving multiple messages for the director of nursing (DON) and the unit manager (UM) to reset the ADS because the pharmacy was unable to view the inventory. She stated the pharmacy called the provider of the ADS and made them aware of offline concerns on 11/4/15 but then the ADS crashed. The pharmacy ordered a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 40	F 425		

replacement ADS that arrived at the facility on 11/7/15 but the facility did have backup pharmacy services in the interim.

In an interview on 11/18/15 at 2:45 PM, the DON stated there had been problems recently with the ADS and she had to repeatedly reset the machine but it was replaced the first part of November and she thought it was working better. The DON stated once an admission was verified, the orders were faxed to the facility pharmacy and when the resident arrived with the original paper prescription it would be placed in the pharmacy tote to be delivered to the pharmacy. The DON verified the pharmacy delivered medications to the facility around midnight and cut off time to get medications the same night was 5:00 PM. She also stated the facility utilized a backup pharmacy in the event that a medication was needed prior to the arrival of the ordered medication at midnight.

In a telephone interview on 11/19/15 at 9:48 AM, the long term care unit physician stated he came to the facility on Saturdays and Sundays. He stated staff normally anticipate a need for a narcotic refill and put the order in his box the week before he comes. If a resident needed a medication during week, he could write prescription at his office and fax it to the pharmacy. He stated he had never had any issue with resident ' s getting their narcotics as ordered.

In an interview on 11/19/15 at 10:25 AM, the rehabilitation unit physician assistant (PA) stated the facility had an ADS that should only be used in emergencies and if staff notified him timely when a resident ' s narcotic medications were in the blue area on the punch card, there should be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 41	F 425		

ample time to get a refill. The PA stated he was at the facility at minimum 2-3 times weekly and verified that he could email the pharmacy prescriptions if he was made aware of a need.

In a telephone interview on 11/19/15 at 11:08 AM, the pharmacy technician stated the ADS was internet based but it could be accessed at facility the whether or not it was online. She acknowledged the pharmacy could not log in to refill the ADS unless it was online. The pharmacy technician she was at the facility on 10/28/15 and reset the machine but on 11/5/15, she was made aware of crashed all together. The pharmacy technician stated she was not aware the facility was borrowing narcotics but she normally does not review the Control Drug Records but rather checked that medication carts for expired medications during her monthly visits.

In a telephone interview on 11/19/15 at 11:15 AM, the pharmacy nurse consultant stated during her monthly facility visit, she " spot checks " the medication carts for expired medications. She stated she was unaware that the facility was having any narcotic borrowing issues and was not made aware until yesterday, the ADS had to be replaced earlier this month. The pharmacy nurse consultant stated she was uncertain who was responsible for the review of the Control Drug Records to ensure there was no evidence of narcotic borrowing. She acknowledged she had reviewed the Control Drug Records in the past but if she noted any problems, it would have been addressed in her monthly visit report given to the facility.

A review of the Medication Room Compliance Report dated 8/21/15, 9/15/15 and 10/28/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 42	F 425		

completed by the pharmacy nurse consultant and the pharmacy technician did not reference a review of the Control Drug Record sheets.

In an observation on 11/19/15 at 2:45 PM, the UM was attempting to retrieve a onetime dose of supplemental potassium for a resident from the ADS. The UM attempted three times but the ADS never would open to allow retrieve the potassium from the ADS. After the third attempt, she went and got the consultant pharmacist who was in the facility for assistance. The pharmacist was asked to follow up with the outcome of the ADS malfunction.

In an interview on 11/19/15 at 4:50 PM, the DON stated the pharmacist was no longer at the facility and she was unsure of the outcome of the ADS malfunction earlier witnessed. It was the expectation of the DON that the facility not borrow narcotic medications under any circumstance but rather utilize the backup pharmacy or the ADS.

4. A review of the facility policy titled " Medication Ordering and Receiving from Pharmacy-Emergency Pharmacy Services and Emergency Kits " (dated as effective June 9, 2015) included a section titled, Procedures: E. " Medications are not borrowed from other residents. " The ordered medication is obtained either from the emergency box or automated dispensing system (ADS), from the provider pharmacy or a back-up pharmacy that is determined by the provider pharmacy.

Resident # 33 was admitted to the facility on 10/14/15. A review of the resident ' s medical record revealed medication orders included the following: Klonopin 0.5mg twice daily as need for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 43	F 425		

anxiety originally ordered 10/15/15.

A review of Resident #33 ' s Controlled Drug Record revealed her Xanax was signed out by a nurse and noted as " borrowed for (Resident #46) " .

In an interview on 11/18/15 at 2:05 PM, the consultant pharmacist stated she was not aware that the nurses were borrowing narcotics. She stated she primarily does the medication reviews and leaves the medication carts and ADS issues to either the pharmacy technician or the nurse consultant.

In another interview on 11/18/15 at 2:17 PM, the pharmacist recalled the ADS " crashed " on 11/5/15 and she was aware it went off line a few days before. When the system went offline, the pharmacy could not see what needed reordering or what is being used from the ADS. It does not limit the staff ' s ability to get medications out of the ADS according to the pharmacist. She recalled the pharmacy calling the facility and leaving multiple messages for the director of nursing (DON) and the unit manager (UM) to reset the ADS because the pharmacy was unable to view the inventory. She stated the pharmacy called the provider of the ADS and made them aware of offline concerns on 11/4/15 but then the ADS crashed. The pharmacy ordered a replacement ADS that arrived at the facility on 11/7/15 but the facility did have backup pharmacy services in the interim.

In an interview on 11/18/15 at 2:45 PM, the DON stated there had been problems recently with the ADS and she had to repeatedly reset the machine but it was replaced the first part of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 44	F 425		

November and she thought it was working better. The DON stated once an admission was verified, the orders were faxed to the facility pharmacy and when the resident arrived with the original paper prescription it would be placed in the pharmacy tote to be delivered to the pharmacy. The DON verified the pharmacy delivered medications to the facility around midnight and cut off time to get medications the same night was 5:00 PM. She also stated the facility utilized a backup pharmacy in the event that a medication was needed prior to the arrival of the ordered medication at midnight.

In an interview on 11/18/15 at 4:40 PM, Nurse #4 identified her signature of the Control Drug Record as having borrowed Klonopin from Resident #46 for Resident #29. She acknowledged she had borrowed control substances on other occasions as well. Nurse #4 stated she was aware of the facility policy against borrowing controlled medications but the physician only came on the weekends and wrote prescriptions for refills and she was left with little option. Nurse #4 stated she was aware there were issues with the ADS and she could not use the backup pharmacy without a physician signed prescription. She stated she could call the physician and get orders for an alternate medication in some instance but not for some medications used for her residents. Nurse #4 stated anytime a medication was unavailable the physician should be notified and she felt some nurses did not reorder the narcotics timely enough since the physician only came in on the weekends. She stated when the nurse saw the medication get into the blue area on the punch card, that was when normally a nurse should start trying to obtain another written prescription but if

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 45	F 425		

a nurse waited until a medication was in the blue area, it would be too late to get a new prescriptions and have the refill available for the resident. Nurse #4 stated she had worked at the facility for approximately 2 weeks but she had already identified the issue but did not report it because she was told it had been an ongoing problem and management was aware.

In a telephone interview on 11/19/15 at 9:48 AM, the long term care unit physician stated he came to the facility on Saturdays and Sundays. He stated staff normally anticipate a need for a narcotic refill and put the order in his box the week before he comes. If a resident needed a medication during week, he could write prescription at his office and fax it to the pharmacy. He stated he had never had any issue with resident ' s getting their narcotics as ordered.

In an interview on 11/19/15 at 10:25 AM, the rehabilitation unit physician assistant (PA) stated the facility had an ADS that should only be used in emergencies and if staff notified him timely when a resident ' s narcotic medications were in the blue area on the punch card, there should be ample time to get a refill. The PA stated he was at the facility at minimum 2-3 times weekly and verified that he could email the pharmacy prescriptions if he was made aware of a need.

In a telephone interview on 11/19/15 at 11:08 AM, the pharmacy technician stated the ADS was internet based but it could be accessed at facility the whether or not it was online. She acknowledged the pharmacy could not log in to refill the ADS unless it was online. The pharmacy technician she was at the facility on 10/28/15 and reset the machine but on 11/5/15, she was made

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 46	F 425		

aware of crashed all together. The pharmacy technician stated she was not aware the facility was borrowing narcotics but she normally does not review the Control Drug Records but rather checked that medication carts for expired medications during her monthly visits.

In a telephone interview on 11/19/15 at 11:15 AM, the pharmacy nurse consultant stated during her monthly facility visit, she " spot checks " the medication carts for expired medications. She stated she was unaware that the facility was having any narcotic borrowing issues and was not made aware until yesterday, the ADS had to be replaced earlier this month. The pharmacy nurse consultant stated she was uncertain who was responsible for the review of the Control Drug Records to ensure there was no evidence of narcotic borrowing. She acknowledged she had reviewed the Control Drug Records in the past but if she noted any problems, it would have been addressed in her monthly visit report given to the facility.

A review of the Medication Room Compliance Report dated 8/21/15, 9/15/15 and 10/28/15 completed by the pharmacy nurse consultant and the pharmacy technician did not reference a review of the Control Drug Record sheets.

In an observation on 11/19/15 at 2:45 PM, the UM was attempting to retrieve a onetime dose of supplemental potassium for a resident from the ADS. The UM attempted three times but the ADS never would open to allow retrieve the potassium from the ADS. After the third attempt, she went and got the consultant pharmacist who was in the facility for assistance. The pharmacist was asked to follow up with the outcome of the ADS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 47	F 425		

malfunction.

In an interview on 11/19/15 at 4:50 PM, the DON stated the pharmacist was no longer at the facility and she was unsure of the outcome of the ADS malfunction earlier witnessed. It was the expectation of the DON that the facility not borrow narcotic medications under any circumstance but rather utilize the backup pharmacy or the ADS.

5. A review of the facility policy titled " Medication Ordering and Receiving from Pharmacy-Emergency Pharmacy Services and Emergency Kits " (dated as effective June 9, 2015) included a section titled, Procedures: E. " Medications are not borrowed from other residents. " The ordered medication is obtained either from the emergency box or automated dispensing system (ADS), from the provider pharmacy or a back-up pharmacy that is determined by the provider pharmacy.

Resident # 159 was admitted to the facility on 9/23/15 A review of the resident ' s medical record revealed medication orders included the following: Klonopin 0.5 milligrams (mg) to be given twice daily for anxiety originally ordered 9/24/15.

A review of Resident #159 ' s Controlled Drug Record revealed her Klonopin was signed out by a nurse and noted as " borrowed for (Resident #210) " .

In an interview on 11/18/15 at 2:05 PM, the consultant pharmacist stated she was not aware that the nurses were borrowing narcotics. She stated she primarily does the medication reviews

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 48	F 425		

and leaves the medication carts and ADS issues to either the pharmacy technician or the nurse consultant.

In another interview on 11/18/15 at 2:17 PM, the pharmacist recalled the ADS " crashed " on 11/5/15 and she was aware it went off line a few days before. When the system went offline, the pharmacy could not see what needed reordering or what is being used from the ADS. It does not limit the staff ' s ability to get medications out of the ADS according to the pharmacist. She recalled the pharmacy calling the facility and leaving multiple messages for the director of nursing (DON) and the unit manager (UM) to reset the ADS because the pharmacy was unable to view the inventory. She stated the pharmacy called the provider of the ADS and made them aware of offline concerns on 11/4/15 but then the ADS crashed. The pharmacy ordered a replacement ADS that arrived at the facility on 11/7/15 but the facility did have backup pharmacy services in the interim.

In an interview on 11/18/15 at 2:45 PM, the DON stated there had been problems recently with the ADS and she had to repeatedly reset the machine but it was replaced the first part of November and she thought it was working better. The DON stated once an admission was verified, the orders were faxed to the facility pharmacy and when the resident arrived with the original paper prescription it would be placed in the pharmacy tote to be delivered to the pharmacy. The DON verified the pharmacy delivered medications to the facility around midnight and cut off time to get medications the same night was 5:00 PM. She also stated the facility utilized a backup pharmacy in the event that a medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 49	F 425		

was needed prior to the arrival of the ordered medication at midnight.

In an interview on 11/18/15 at 4:40 PM, Nurse #4 identified her signature of the Control Drug Record as having borrowed Klonopin from Resident #46 for Resident #29. She acknowledged she had borrowed control substances on other occasions as well. Nurse #4 stated she was aware of the facility policy against borrowing controlled medications but the physician only came on the weekends and wrote prescriptions for refills and she was left with little option. Nurse #4 stated she was aware there were issues with the ADS and she could not use the backup pharmacy without a physician signed prescription. She stated she could call the physician and get orders for an alternate medication in some instance but not for some medications used for her residents. Nurse #4 stated anytime a medication was unavailable the physician should be notified and she felt some nurses did not reorder the narcotics timelyenough since the physician only came in on the weekends. She stated when the nurse saw the medication get into the blue area on the punch card, that was when normally a nurse should start trying to obtain another written prescription but if a nurse waited until a medication was in the blue area, it would be too late to get a new prescriptions and have the refill available for the resident. Nurse #4 stated she had worked at the facility for approximately 2 weeks but she had already identified the issue but did not report it because she was told it had been an ongoing problem and management was aware.

In a telephone interview on 11/19/15 at 9:48 AM, the long term care unit physician stated he came

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 50	F 425		

to the facility on Saturdays and Sundays. He stated staff normally anticipate a need for a narcotic refill and put the order in his box the week before he comes. If a resident needed a medication during week, he could write prescription at his office and fax it to the pharmacy. He stated he had never had any issue with resident ' s getting their narcotics as ordered.

In an interview on 11/19/15 at 10:25 AM, the rehabilitation unit physician assistant (PA) stated the facility had an ADS that should only be used in emergencies and if staff notified him timely when a resident ' s narcotic medications were in the blue area on the punch card, there should be ample time to get a refill. The PA stated he was at the facility at minimum 2-3 times weekly and verified that he could email the pharmacy prescriptions if he was made aware of a need.

In a telephone interview on 11/19/15 at 11:08 AM, the pharmacy technician stated the ADS was internet based but it could be accessed at facility the whether or not it was online. She acknowledged the pharmacy could not log in to refill the ADS unless it was online. The pharmacy technician she was at the facility on 10/28/15 and reset the machine but on 11/5/15, she was made aware of crashed all together. The pharmacy technician stated she was not aware the facility was borrowing narcotics but she normally does not review the Control Drug Records but rather checked that medication carts for expired medications during her monthly visits.

In a telephone interview on 11/19/15 at 11:15 AM, the pharmacy nurse consultant stated during her monthly facility visit, she " spot checks " the medication carts for expired medications. She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 51	F 425		

stated she was unaware that the facility was having any narcotic borrowing issues and was not made aware until yesterday, the ADS had to be replaced earlier this month. The pharmacy nurse consultant stated she was uncertain who was responsible for the review of the Control Drug Records to ensure there was no evidence of narcotic borrowing. She acknowledged she had reviewed the Control Drug Records in the past but if she noted any problems, it would have been addressed in her monthly visit report given to the facility.

A review of the Medication Room Compliance Report dated 8/21/15, 9/15/15 and 10/28/15 completed by the pharmacy nurse consultant and the pharmacy technician did not reference a review of the Control Drug Record sheets.

In an observation on 11/19/15 at 2:45 PM, the UM was attempting to retrieve a onetime dose of supplemental potassium for a resident from the ADS. The UM attempted three times but the ADS never would open to allow retrieve the potassium from the ADS. After the third attempt, she went and got the consultant pharmacist who was in the facility for assistance. The pharmacist was asked to follow up with the outcome of the ADS malfunction.

In an interview on 11/19/15 at 4:50 PM, the DON stated the pharmacist was no longer at the facility and she was unsure of the outcome of the ADS malfunction earlier witnessed. It was the expectation of the DON that the facility not borrow narcotic medications under any circumstance but rather utilize the backup pharmacy or the ADS.

6. A review of the facility policy titled " Medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 52	F 425		

Ordering and Receiving from Pharmacy-Emergency Pharmacy Services and Emergency Kits " (dated as effective June 9, 2015) included a section titled, Procedures: E. " Medications are not borrowed from other residents. " The ordered medication is obtained either from the emergency box or automated dispensing system (ADS), from the provider pharmacy or a back-up pharmacy that is determined by the provider pharmacy.

Resident # 270 was admitted to the facility on 11/12/15. A review of the resident ' s medical record revealed medication orders included the following: Oxycodone 5mg to be given every four hours as needed for pain originally ordered 11/12/15.

A review of Resident #270 ' s Controlled Drug Record revealed her Klonopin was signed out by a nurse and noted as " borrowed for (Resident #288) " .

In an interview on 11/18/15 at 2:05 PM, the consultant pharmacist stated she was not aware that the nurses were borrowing narcotics. She stated she primarily does the medication reviews and leaves the medication carts and ADS issues to either the pharmacy technician or the nurse consultant.

In another interview on 11/18/15 at 2:17 PM, the pharmacist recalled the ADS " crashed " on 11/5/15 and she was aware it went off line a few days before. When the system went offline, the pharmacy could not see what needed reordering or what is being used from the ADS. It does not limit the staff ' s ability to get medications out of the ADS according to the pharmacist. She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 53	F 425		

recalled the pharmacy calling the facility and leaving multiple messages for the director of nursing (DON) and the unit manager (UM) to reset the ADS because the pharmacy was unable to view the inventory. She stated the pharmacy called the provider of the ADS and made them aware of offline concerns on 11/4/15 but then the ADS crashed. The pharmacy ordered a replacement ADS that arrived at the facility on 11/7/15 but the facility did have backup pharmacy services in the interim.

In an interview on 11/18/15 at 2:45 PM, the DON stated there had been problems recently with the ADS and she had to repeatedly reset the machine but it was replaced the first part of November and she thought it was working better. The DON stated once an admission was verified, the orders were faxed to the facility pharmacy and when the resident arrived with the original paper prescription it would be placed in the pharmacy tote to be delivered to the pharmacy. The DON verified the pharmacy delivered medications to the facility around midnight and cut off time to get medications the same night was 5:00 PM. She also stated the facility utilized a backup pharmacy in the event that a medication was needed prior to the arrival of the ordered medication at midnight.

In an interview on11/19/15 at 9:00 AM, Nurse #8 acknowledged her signature on Resident #270 ' s Control Drug Record borrowing for another resident on 11/17/15. She stated she worked night shift and was always the person who received the medications from the pharmacy. Nurse #8 stated she observed a problem for the past " few months " with the ADS medications not being replenished. She stated the physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 54	F 425		

assistant (PA) made rounds on the day shift but if the nurses don ' t alert him that they are low on a narcotic, she may run out on night shift. She stated when the punch card got into the blue area, it was time to get a new prescription in order not to run out.

In a telephone interview on 11/19/15 at 9:48 AM, the long term care unit physician stated he came to the facility on Saturdays and Sundays. He stated staff normally anticipate a need for a narcotic refill and put the order in his box the week before he comes. If a resident needed a medication during week, he could write prescription at his office and fax it to the pharmacy. He stated he had never had any issue with resident ' s getting their narcotics as ordered

In an interview on 11/19/15 at 10:25 AM, the rehabilitation unit PA stated the facility had an ADS that should only be used in emergencies and if staff notified him timely when a resident ' s narcotic medications were in the blue area on the punch card, there should be ample time to get a refill. The PA stated he was at the facility at minimum 2-3 times weekly and verified that he could email the pharmacy prescriptions if he was made aware of a need.

In a telephone interview on 11/19/15 at 11:08 AM, the pharmacy technician stated the ADS was internet based but it could be accessed at facility the whether or not it was online.. She acknowledged the pharmacy could not log in to refill the ADS unless it was online. The pharmacy technician she was at the facility on 10/28/15 and reset the machine but on 11/5/15, she was made aware of crashed all together. The pharmacy technician stated she was not aware the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 55	F 425		

was borrowing narcotics but she normally does not review the Control Drug Records but rather checked that medication carts for expired medications during her monthly visits.

In a telephone interview on 11/19/15 at 11:15 AM, the pharmacy nurse consultant stated during her monthly facility visit, she " spot checks " the medication carts for expired medications. She stated she was unaware that the facility was having any narcotic borrowing issues and was not made aware until yesterday, the ADS had to be replaced earlier this month. The pharmacy nurse consultant stated she was uncertain who was responsible for the review of the Control Drug Records to ensure there was no evidence of narcotic borrowing. She acknowledged she had reviewed the Control Drug Records in the past but if she noted any problems, it would have been addressed in her monthly visit report given to the facility.

A review of the Medication Room Compliance Report dated 8/21/15, 9/15/15 and 10/28/15 completed by the pharmacy nurse consultant and the pharmacy technician did not reference a review of the Control Drug Record sheets.

In an observation on 11/19/15 at 2:45 PM, the UM was attempting to retrieve a onetime dose of supplemental potassium for a resident from the ADS. The UM attempted three times but the ADS never would open to allow retrieve the potassium from the ADS. After the third attempt, she went and got the consultant pharmacist who was in the facility for assistance. The pharmacist was asked to follow up with the outcome of the ADS malfunction.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 56	F 425		

In an interview on 11/19/15 at 4:50 PM, the DON stated the pharmacist was no longer at the facility and she was unsure of the outcome of the ADS malfunction earlier witnessed. It was the expectation of the DON that the facility not borrow narcotic medications under any circumstance but rather utilize the backup pharmacy or the ADS.

7. A review of the facility policy titled " Medication Ordering and Receiving from Pharmacy-Emergency Pharmacy Services and Emergency Kits " (dated as effective June 9, 2015) included a section titled, Procedures: E. " Medications are not borrowed from other residents. " The ordered medication is obtained either from the emergency box or automated dispensing system (ADS), from the provider pharmacy or a back-up pharmacy that is determined by the provider pharmacy.

Resident # 56 was admitted to the facility on 5/7/15. A review of the resident ' s medical record revealed medication orders included the following: Xanax 0.25mg to be given daily at bedtime for anxiety originally ordered 5/20/15.

A review of Resident #56 ' s Controlled Drug Record revealed her Klonopin was signed out by a nurse and noted as " borrowed for (Resident #210) " .

In an interview on 11/18/15 at 2:05 PM, the consultant pharmacist stated she was not aware that the nurses were borrowing narcotics. She stated she primarily does the medication reviews and leaves the medication carts and ADS issues to either the pharmacy technician or the nurse consultant.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 57 In another interview on 11/18/15 at 2:17 PM, the pharmacist recalled the ADS " crashed " on 11/5/15 and she was aware it went off line a few days before. When the system went offline, the pharmacy could not see what needed reordering or what is being used from the ADS. It does not limit the staff ' s ability to get medications out of the ADS according to the pharmacist. She recalled the pharmacy calling the facility and leaving multiple messages for the director of nursing (DON) and the unit manager (UM) to reset the ADS because the pharmacy was unable to view the inventory. She stated the pharmacy called the provider of the ADS and made them aware of offline concerns on 11/4/15 but then the ADS crashed. The pharmacy ordered a replacement ADS that arrived at the facility on 11/7/15 but the facility did have backup pharmacy services in the interim. In an interview on 11/18/15 at 2:45 PM, the DON stated there had been problems recently with the ADS and she had to repeatedly reset the machine but it was replaced the first part of November and she thought it was working better. The DON stated once an admission was verified, the orders were faxed to the facility pharmacy and when the resident arrived with the original paper prescription it would be placed in the pharmacy tote to be delivered to the pharmacy. The DON verified the pharmacy delivered medications to the facility around midnight and cut off time to get medications the same night was 5:00 PM. She also stated the facility utilized a backup pharmacy in the event that a medication was needed prior to the arrival of the ordered medication at midnight.	F 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 58	F 425		

In a telephone interview on 11/19/15 at 9:25 AM, Nurse #9 stated she had worked the night shift full time since May 2015. She stated she had worked in long term care for a very long time and everywhere else she had ever worked, borrowing a narcotic for one resident for another resident was against policy. Nurse #9 stated she and her peers had been doing it so long, she thought it was the facility practice to do so. Nurse #9 stated inability to access the ADS because she had never been added to the data base.

In a telephone interview on 11/19/15 at 9:48 AM, the long term care unit physician stated he came to the facility on Saturdays and Sundays. He stated staff normally anticipate a need for a narcotic refill and put the order in his box the week before he comes. If a resident needed a medication during week, he could write prescription at his office and fax it to the pharmacy. He stated he had never had any issue with resident ' s getting their narcotics as ordered.

In an interview on 11/19/15 at 10:25 AM, the rehabilitation unit physician assistant (PA) stated the facility had an ADS that should only be used in emergencies and if staff notified him timely when a resident ' s narcotic medications were in the blue area on the punch card, there should be ample time to get a refill. The PA stated he was at the facility at minimum 2-3 times weekly and verified that he could email the pharmacy prescriptions if he was made aware of a need.

In a telephone interview on 11/19/15 at 11:08 AM, the pharmacy technician stated the ADS was internet based but it could be accessed at facility the whether or not it was online. She acknowledged the pharmacy could not log in to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 59	F 425		

refill the ADS unless it was online. The pharmacy technician she was at the facility on 10/28/15 and reset the machine but on 11/5/15, she was made aware of crashed all together. The pharmacy technician stated she was not aware the facility was borrowing narcotics but she normally does not review the Control Drug Records but rather checked that medication carts for expired medications during her monthly visits.

In a telephone interview on 11/19/15 at 11:15 AM, the pharmacy nurse consultant stated during her monthly facility visit, she " spot checks " the medication carts for expired medications. She stated she was unaware that the facility was having any narcotic borrowing issues and was not made aware until yesterday, the ADS had to be replaced earlier this month. The pharmacy nurse consultant stated she was uncertain who was responsible for the review of the Control Drug Records to ensure there was no evidence of narcotic borrowing. She acknowledged she had reviewed the Control Drug Records in the past but if she noted any problems, it would have been addressed in her monthly visit report given to the facility.

A review of the Medication Room Compliance Report dated 8/21/15, 9/15/15 and 10/28/15 completed by the pharmacy nurse consultant and the pharmacy technician did not reference a review of the Control Drug Record sheets.

In an observation on 11/19/15 at 2:45 PM, the UM was attempting to retrieve a onetime dose of supplemental potassium for a resident from the ADS. The UM attempted three times but the ADS never would open to allow retrieve the potassium from the ADS. After the third attempt, she went

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 60	F 425		

and got the consultant pharmacist who was in the facility for assistance. The pharmacist was asked to follow up with the outcome of the ADS malfunction.

In an interview on 11/19/15 at 4:50 PM, the DON stated the pharmacist was no longer at the facility and she was unsure of the outcome of the ADS malfunction earlier witnessed. It was the expectation of the DON that the facility not borrow narcotic medications under any circumstance but rather utilize the backup pharmacy or the ADS.

8. A review of the facility policy titled " Medication Ordering and Receiving from Pharmacy-Emergency Pharmacy Services and Emergency Kits " (dated as effective June 9, 2015) included a section titled, Procedures: E. " Medications are not borrowed from other residents. " The ordered medication is obtained either from the emergency box or automated dispensing system (ADS), from the provider pharmacy or a back-up pharmacy that is determined by the provider pharmacy.

Resident # 21 was admitted to the facility on 11/5/15. A review of the resident ' s medical record revealed medication orders included the following: Xanax 0.5mg to be given every four hours as needed for anxiety originally ordered 11/5/15.

A review of Resident #21 ' s Controlled Drug Record revealed her Klonopin was signed out by a nurse and noted as " borrowed for (Resident #210) " .

In an interview on 11/18/15 at 2:05 PM, the consultant pharmacist stated she was not aware

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 61	F 425		

that the nurses were borrowing narcotics. She stated she primarily does the medication reviews and leaves the medication carts and ADS issues to either the pharmacy technician or the nurse consultant.

In an interview on 11/18/15 at 2:10 PM, Nurse #10 acknowledged her signature on the Resident #21 ' s Control Drug Record borrowing Xanax for Resident #210. She stated she was aware it was against the facility policy but the ADS was mostly empty and she had difficulty with obtaining a signed prescription from the physician timely. Nurse #10 stated the issue has been going on for at least months.

In another interview on 11/18/15 at 2:17 PM, the pharmacist recalled the ADS " crashed " on 11/5/15 and she was aware it went off line a few days before. When the system went offline, the pharmacy could not see what needed reordering or what is being used from the ADS. It does not limit the staff ' s ability to get medications out of the ADS according to the pharmacist. She recalled the pharmacy calling the facility and leaving multiple messages for the director of nursing (DON) and the unit manager (UM) to reset the ADS because the pharmacy was unable to view the inventory. She stated the pharmacy called the provider of the ADS and made them aware of offline concerns on 11/4/15 but then the ADS crashed. The pharmacy ordered a replacement ADS that arrived at the facility on 11/7/15 but the facility did have backup pharmacy services in the interim.

In an interview on 11/18/15 at 2:45 PM, the DON stated there had been problems recently with the ADS and she had to repeatedly reset the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 62	F 425		

machine but it was replaced the first part of November and she thought it was working better. The DON stated once an admission was verified, the orders were faxed to the facility pharmacy and when the resident arrived with the original paper prescription it would be placed in the pharmacy tote to be delivered to the pharmacy. The DON verified the pharmacy delivered medications to the facility around midnight and cut off time to get medications the same night was 5:00 PM. She also stated the facility utilized a backup pharmacy in the event that a medication was needed prior to the arrival of the ordered medication at midnight.

In a telephone interview on 11/19/15 at 9:48 AM, the long term care unit physician stated he came to the facility on Saturdays and Sundays. He stated staff normally anticipate a need for a narcotic refill and put the order in his box the week before he comes. If a resident needed a medication during week, he could write prescription at his office and fax it to the pharmacy. He stated he had never had any issue with resident ' s getting their narcotics as ordered.

In an interview on 11/19/15 at 10:25 AM, the rehabilitation unit physician assistant (PA) stated the facility had an ADS that should only be used in emergencies and if staff notified him timely when a resident ' s narcotic medications were in the blue area on the punch card, there should be ample time to get a refill. The PA stated he was at the facility at minimum 2-3 times weekly and verified that he could email the pharmacy prescriptions if he was made aware of a need.

In a telephone interview on 11/19/15 at 11:08 AM, the pharmacy technician stated the ADS was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 63	F 425		

internet based but it could be accessed at facility the whether or not it was online. She acknowledged the pharmacy could not log in to refill the ADS unless it was online. The pharmacy technician she was at the facility on 10/28/15 and reset the machine but on 11/5/15, she was made aware of crashed all together. The pharmacy technician stated she was not aware the facility was borrowing narcotics but she normally does not review the Control Drug Records but rather checked that medication carts for expired medications during her monthly visits.

In a telephone interview on 11/19/15 at 11:15 AM, the pharmacy nurse consultant stated during her monthly facility visit, she " spot checks " the medication carts for expired medications. She stated she was unaware that the facility was having any narcotic borrowing issues and was not made aware until yesterday, the ADS had to be replaced earlier this month. The pharmacy nurse consultant stated she was uncertain who was responsible for the review of the Control Drug Records to ensure there was no evidence of narcotic borrowing. She acknowledged she had reviewed the Control Drug Records in the past but if she noted any problems, it would have been addressed in her monthly visit report given to the facility.

A review of the Medication Room Compliance Report dated 8/21/15, 9/15/15 and 10/28/15 completed by the pharmacy nurse consultant and the pharmacy technician did not reference a review of the Control Drug Record sheets.

In an observation on 11/19/15 at 2:45 PM, the UM was attempting to retrieve a onetime dose of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 64	F 425		

supplemental potassium for a resident from the ADS. The UM attempted three times but the ADS never would open to allow retrieve the potassium from the ADS. After the third attempt, she went and got the consultant pharmacist who was in the facility for assistance. The pharmacist was asked to follow up with the outcome of the ADS malfunction.

In an interview on 11/19/15 at 4:50 PM, the DON stated the pharmacist was no longer at the facility and she was unsure of the outcome of the ADS malfunction earlier witnessed. It was the expectation of the DON that the facility not borrow narcotic medications under any circumstance but rather utilize the backup pharmacy or the ADS.

9. A review of the facility policy titled " Medication Ordering and Receiving from Pharmacy-Emergency Pharmacy Services and Emergency Kits " (dated as effective June 9, 2015) included a section titled, Procedures: E. " Medications are not borrowed from other residents. " The ordered medication is obtained either from the emergency box or automated dispensing system (ADS), from the provider pharmacy or a back-up pharmacy that is determined by the provider pharmacy.

Resident # 177 was admitted to the facility on 6/18/15. A review of the resident ' s medical record revealed medication orders included the following: Ativan 1 milligrams (mg) to be given three times daily as needed to treat anxiety originally ordered 10/7/15.

A review of Resident #177 ' s Controlled Drug Record revealed her Klonopin was signed out by a nurse and noted as " borrowed for (Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 65 #89) " . In an interview on 11/18/15 at 2:05 PM, the consultant pharmacist stated she was not aware that the nurses were borrowing narcotics. She stated she primarily does the medication reviews and leaves the medication carts and ADS issues to either the pharmacy technician or the nurse consultant. In another interview on 11/18/15 at 2:17 PM, the pharmacist recalled the ADS " crashed " on 11/5/15 and she was aware it went off line a few days before. When the system went offline, the pharmacy could not see what needed reordering or what is being used from the ADS. It does not limit the staff ' s ability to get medications out of the ADS according to the pharmacist. She recalled the pharmacy calling the facility and leaving multiple messages for the director of nursing (DON) and the unit manager (UM) to reset the ADS because the pharmacy was unable to view the inventory. She stated the pharmacy called the provider of the ADS and made them aware of offline concerns on 11/4/15 but then the ADS crashed. The pharmacy ordered a replacement ADS that arrived at the facility on 11/7/15 but the facility did have backup pharmacy services in the interim. In an interview on 11/18/15 at 2:45 PM, the DON stated there had been problems recently with the ADS and she had to repeatedly reset the machine but it was replaced the first part of November and she thought it was working better. The DON stated once an admission was verified, the orders were faxed to the facility pharmacy and when the resident arrived with the original paper prescription it would be placed in the	F 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 66	F 425		

pharmacy tote to be delivered to the pharmacy. The DON verified the pharmacy delivered medications to the facility around midnight and cut off time to get medications the same night was 5:00 PM. She also stated the facility utilized a backup pharmacy in the event that a medication was needed prior to the arrival of the ordered medication at midnight.

In an interview on 11/19/15 at 9:00 AM, the DON stated the nurse in questions who borrowed from Resident #177 for Resident #89 was no longer employed at the facility and unavailable for interview.
In a telephone interview on 11/19/15 at 9:48 AM, the long term care unit physician stated he came to the facility on Saturdays and Sundays. He stated staff normally anticipate a need for a narcotic refill and put the order in his box the week before he comes. If a resident needed a medication during week, he could write prescription at his office and fax it to the pharmacy. He stated he had never had any issue with resident ' s getting their narcotics as ordered.

In an interview on 11/19/15 at 10:25 AM, the rehabilitation unit physician assistant (PA) stated the facility had an ADS that should only be used in emergencies and if staff notified him timely when a resident ' s narcotic medications were in the blue area on the punch card, there should be ample time to get a refill. The PA stated he was at the facility at minimum 2-3 times weekly and verified that he could email the pharmacy prescriptions if he was made aware of a need.

In a telephone interview on 11/19/15 at 11:08 AM, the pharmacy technician stated the ADS was internet based but it could be accessed at facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 67	F 425		

the whether or not it was online. She acknowledged the pharmacy could not log in to refill the ADS unless it was online. The pharmacy technician she was at the facility on 10/28/15 and reset the machine but on 11/5/15, she was made aware of crashed all together. The pharmacy technician stated she was not aware the facility was borrowing narcotics but she normally does not review the Control Drug Records but rather checked that medication carts for expired medications during her monthly visits.

In a telephone interview on 11/19/15 at 11:15 AM, the pharmacy nurse consultant stated during her monthly facility visit, she " spot checks " the medication carts for expired medications. She stated she was unaware that the facility was having any narcotic borrowing issues and was not made aware until yesterday, the ADS had to be replaced earlier this month. The pharmacy nurse consultant stated she was uncertain who was responsible for the review of the Control Drug Records to ensure there was no evidence of narcotic borrowing. She acknowledged she had reviewed the Control Drug Records in the past but if she noted any problems, it would have been addressed in her monthly visit report given to the facility.

A review of the Medication Room Compliance Report dated 8/21/15, 9/15/15 and 10/28/15 completed by the pharmacy nurse consultant and the pharmacy technician did not reference a review of the Control Drug Record sheets.

In an observation on 11/19/15 at 2:45 PM, the UM was attempting to retrieve a onetime dose of supplemental potassium for a resident from the ADS. The UM attempted three times but the ADS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	Continued From page 68 never would open to allow retrieve the potassium from the ADS. After the third attempt, she went and got the consultant pharmacist who was in the facility for assistance. The pharmacist was asked to follow up with the outcome of the ADS malfunction. In an interview on 11/19/15 at 4:50 PM, the DON stated the pharmacist was no longer at the facility and she was unsure of the outcome of the ADS malfunction earlier witnessed. It was the expectation of the DON that the facility not borrow narcotic medications under any circumstance but rather utilize the backup pharmacy or the ADS.	F 425		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 431		12/18/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 431	Continued From page 69 The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to date ophthalmic agents and inhalers when opened on 3 or 4 medications carts reviewed for medication storage. Findings included: A review of the policy titled " Medication Storage in the Facility " dated 1/1/12 read in part the outdated, contaminated or deteriorated medications should be removed immediately from stock and returned to the pharmacy. In an observation on of the medication cart for 200 hall 11/19/15 at 4:10 PM, Resident #57 had Cosopt eye drops, Alphagan eye drops and Lumigan eye drops (all used to treat glaucoma) dated as filled on 10/24/15 but undated as when opened. A review of the medication administration record verified that Resident #57 was currently receiving all three eye drops to treat glaucoma. In an interview Nurse #3 stated the facility policy was to dated eye drops once opened and it must have been an oversight that Resident #57 ' s eye drops were not dated when opened.	F 431	F 431: 483.60(b)(d)(e) DRUG RECORDS, LABEL/STORE DRUGS AND BIOLOGICALS 1) Actions taken for Residents #57, #1, #46, #5, #7: A. On 11/19/2015, eye drops identified as not dated upon opening were discarded and new ones requested from pharmacy. B. On 11/19/2015, inhaler identified as not dated upon opening was discarded and a new one requested from pharmacy. 2) Actions taken for all residents due to the potential for being affected: A. On 11/19/2015 and 11/20/2015, the DON, appropriate designee, checked all medication carts for expired or undated open medications. Any found were discarded and replacements requested from pharmacy. B. On/before 12/11/2015 all licensed nursing staff were re-inserviced by SDC regarding: (1) Policy, Medication Storage in the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 431	Continued From page 70 In an observation of the medication cart for 300 long hall 11/19/15 at 4:15 PM, Resident #1 had Travatan Z eye drops dated as filled 9/18 and Timolol eye drops(both used to treat glaucoma) dated as filled 6/10/15 but both were undated when opened. A review of the medication administration record verified that Resident #1 was currently receiving both glaucoma medications. In an interview Nurse #4 stated the facility policy was to dated eye drops once opened but she only started working at the facility one week ago. Nurse #4 was unsure when the medication were opened but verified she could have sent undated eye drops back to the pharmacy and reordered replacements. In another observation of the medication cart for 300 long hall 11/19/15 at 4:15 PM, Resident #46 had an Albuterol inhaler used to treat chronic obstructive pulmonary disease (COPD) dated as filled 9/28/15 but undated when opened. A review of the medication record verified Resident #46 was currently receiving Albuterol. In an interview with Nurse #4 stated the facility policy was to dated inhalers once opened but she only started working at the facility one week ago so she was unsure when the medication were opened. Nurse #4 verified she could have sent undated inhaler back to the pharmacy and reordered replacement. In another observation of the medication cart for 300 long hall 11/19/15 at 4:15 PM, Resident #5 had AK-Poly Bac ophthalmic ointment used to treat conjunctivitis dated as filled 9/1/15 but undated when opened. A review of the medication record verified Resident #5 was currently receiving the eye ointment. In an interview Nurse	F 431	Facility that requires outdated, contaminated or deteriorated medications to be removed immediately from stock and returned to pharmacy or discarded with replacements requested from pharmacy. (2) Dating of applicable medications when opened including but not limited to □ inhalers, insulin pens, eye drops. (3) The process for communicating unresolved issues or concerns will be included in the above referenced inservice and emphasized in the facility orientation programming. (4) Any nursing personnel not in attendance will be contacted by the DON, or appropriate designee, and given the information prior to the employee□s next scheduled shift. 3) Actions taken to prevent further recurrence: A. DON, or designee, will audit medication carts 2X week for 4 weeks for presence of applicable undated open medications, expired medications, discharged residents medications. B. Checking med carts on a routine, on-going basis has been assigned to the weekend nursing supervisor. C. Following Step 3A, DON, designee, will conduct random monthly audits X 2 months, followed by quarterly X 2 quarters, and as needed for compliance with dating opened medications and removing undated opened, expired or discharged residents medications from the cart. Any non-compliance will be addressed by the DON, designee, as soon as practical.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 431	Continued From page 71 #4 stated the facility policy was to dated eye ointments once opened but she only started working at the facility one week ago so she was unsure when the medication were opened. Nurse #4 verified she could have sent undated AK-Poly Bac back to the pharmacy and reordered replacement. In an observation of the medication cart for 300 short hall 11/19/15 at 4:30 PM, Resident #7 had a Symbicort inhaler used to treat COPD dated as filled on 8/15/15 but undated when opened. A review of the medication administration record verified that Resident #7 was currently receiving the inhaler. In an interview with Nurse #5 stated the facility policy was to date inhalers once opened and it must have been an oversight. In an interview on 11/19/15 at 4:50 PM, the director of nursing stated it was her expectation that all ophthalmic medication and inhalers were to be dated when opened and if any items were observed undated and open on the medication cart, it should be returned to the pharmacy and reordered.	F 431	4) Monitoring for outcomes of established plan and involvement of facility QAA/QAPI committee: A. DON, designee, will bring results of audits to morning administrative team meeting for review, weekly X 4 weeks. B. Results of medication cart audits will be brought to the facility QAA meeting by the DON, designee, and reviewed by the QAA committee monthly X 2 months, quarterly X 2 quarters, and as needed. C. Any non-compliance with established plan will reviewed by the QAA/QAPI committee for root cause and interventions implemented as needed and/or established plan revised. D. Discussion, interventions, and/or revisions to established plan will be included in the meeting minutes. E. Any adjustment to the established plan, through revision and/or interventions for non-compliance will require re-inservicing of the applicable staff by the DON, or appropriate designee. F. Any revision to the established plan will require the monitoring to begin again at Step 4A and continue as outlined.	
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.	F 520		12/18/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 520	Continued From page 72 The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, physician interviews, pharmacy interviews and record review, the facility ' s Quality Assessment and Assurance Committee (QA Committee) failed to implement a plan of action and monitor follow established procedures for the acquisition of narcotic medications identified on interview and record review dating back to July 2015. Findings included: This tag is cross referred to: F425 Based on observations, staff interviews, pharmacy staff interview, physician interviews and record review, the facility failed to follow established procedures for the acquisition of narcotic medications for 9 of 37 residents (Resident #46, #45, #121, #33, #160, #270, #56, #21 and #177) receiving controlled substances. In an interview on 11/19/15 at 5:45 PM, the	F 520	F 520: 483.75(o)(1) QAA COMMITTEE □ MEMBERS/MEET QUARTERLY/PLANS 1) Action taken for identified area of concern: A. Facility QAA committee will meet on/before 12/16/2015 to discuss the following areas (1) Areas of concern identified during annual survey of 11/16/2015 (2) Actions taken to address areas of concern prior to QAA meeting of 12/16/2015 (3) Effectiveness to date of actions taken and any revisions to adopted plans of correction as needed (4) Methods to: a. Increase staff awareness of QAA committee members, b. Ways for staff to relay areas of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 520	Continued From page 73 director of nursing (DON) and administrator acknowledged a problem with the nurses borrowing narcotics first identified in July 2015 when the new DON was hired. Both stated they were unaware of the widespread nature of the issue until the survey. The administrator stated the QA Committee consisted of the DON, the medical director, the pharmacist and other department leaders. The administrator verified the QA Committee met monthly but had not yet met for November 2015.	F 520	concern to QAA committee members, c. Methods for QAA committee to provide responses back to staff regarding outcomes of concerns B. All discussion of determined interventions, plans of correction, and revisions to current plans will be included in the QAA meeting minutes. 2) Actions taken for all residents due to the potential for being affected: A. All facility staff will be re-inserviced on/before 12/18/2015 with regards to: (1) QAA committee members (2) Dates of scheduled QAA committee meetings (3) The process for communicating unresolved issues or concerns will be included in the above referenced inservice and emphasized in the facility orientation programming B. The facility QAA committee will meet on a monthly and quarterly basis on an ongoing basis to address areas of concern brought to the attention of QAA committee members. 3) Actions taken to prevent further recurrence: A. The facility QAA committee will review quality measures at a minimum of quarterly for a pro-active approach to identify areas of concern regarding resident care issues and as a committee, establish improvement plans and monitoring methods to address areas. B. The process for staff communicating unresolved issues or concerns will be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 520	Continued From page 74	F 520	included by the SDC, designee, in monthly staff meetings X 3 months, and as needed the facility expectations for following established processes. Also continue to be emphasized in the facility orientation programming on an on-going basis. C. Beginning 12/16/2015, facility QAA committee will invite, at a minimum, one direct care staff person to monthly QAA meetings X 3 months to be followed by quarterly X 3 quarters to ascertain comments about effectiveness of QAA committee action plans regarding resident care. 4) Monitoring for outcomes of established plan and involvement of facility QAA/QAPI committee: A. During scheduled monthly QAA meetings, the facility administrator, DON, QA nurse, or appropriate designee, will bring outcomes of any established plan of improvement for review by the QAA committee members for effectiveness on an ongoing basis. B. QAA committee members will review staff awareness (based on interviews) for QAA committee awareness and purpose. C. QAA committee members will review outcomes for trends and any needed areas of revision.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	C 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 520	Continued From page 75	F 520	D. QAA committee members will track improvements and declines in Quality Measures on a minimum of quarterly basis, on-going. E. Any revisions made to any established plan by the QAA committee members will require re-inservicing as needed of applicable staff by the SDC, or appropriate designee. F. Any revisions to any plan established by the QAA committee will require initiation of a monitoring schedule to be no less than monthly X 3 months, followed by quarterly X 3 quarters. G. All discussion of areas of concern, development of interventions, review of outcomes, revisions, and establishment of monitoring systems will be included in the QAA committee meeting minutes.	